

118TH CONGRESS
1ST SESSION

S. _____

To improve access to and the quality of primary health care, expand the health workforce, and for other purposes.

IN THE SENATE OF THE UNITED STATES

_____ introduced the following bill; which was read twice
and referred to the Committee on _____

A BILL

To improve access to and the quality of primary health care, expand the health workforce, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Primary Care and Health Workforce Expansion Act”.

6 (b) TABLE OF CONTENTS.—The table of contents for
7 this Act is as follows:

Sec. 1. Short title; table of contents.

TITLE I—COMMUNITY HEALTH CENTERS; NATIONAL HEALTH
SERVICE CORPS

Sec. 101. Community health centers.

Sec. 102. National Health Service Corps.

2

Sec. 103. Food as medicine and increased coordination between community health centers and WIC.

TITLE II—EXPANDING THE NUMBER OF DOCTORS IN AMERICA

Sec. 201. Program of payments to children’s hospitals that operate graduate medical education programs.
Sec. 202. Teaching health centers graduate medical education.
Sec. 203. Medicare Graduate Medical Education.
Sec. 204. Rural residency planning and development program.
Sec. 205. Primary care training and enhancement program.
Sec. 206. Expanding the number of minority doctors.
Sec. 207. Team-based primary care health centers act.

TITLE III—EXPANDING THE NUMBER OF NURSES IN AMERICA

Sec. 301. Expanding associate degree nursing programs.
Sec. 302. Nurse faculty loan program.
Sec. 303. Nurse corps scholarship and loan repayment program.
Sec. 304. Grants for family nurse practitioner training programs.
Sec. 305. Nursing education enhancement and modernization grants in underserved areas.
Sec. 306. Addressing the maternity care provider shortage.
Sec. 307. Return to work incentives for nurses.

TITLE IV—EXPANDING THE NUMBER OF DENTISTS IN AMERICA

Sec. 401. State oral health workforce improvement grant program.
Sec. 402. Oral health training programs.

TITLE V—EXPANDING THE BEHAVIORAL HEALTH WORKFORCE, DIRECT CARE WORKFORCE, AND THE NUMBER OF FAMILY CAREGIVERS IN AMERICA

Sec. 501. Mental and behavioral health education and training grants.
Sec. 502. Mental Health Professionals Workforce Shortage Loan Repayment Act.
Sec. 503. Health Care Capacity for Pediatric Mental Health Act.
Sec. 504. Direct care workforce and family caregivers.
Sec. 505. Peer support networks for family caregivers.
Sec. 506. Women’s addiction leadership institute.
Sec. 507. Community health workforce.
Sec. 508. Natural disaster training program.
Sec. 509. Palliative Care and Hospice Education and Training Act.

TITLE VI—PILOT PROGRAMS

Sec. 601. Pilot program related to reducing hospital readmissions.
Sec. 602. Pilot program related to health care clinics for public employees.
Sec. 603. Community-based training of dental students.

TITLE VII—MISCELLANEOUS HEALTH WORKFORCE

Sec. 701. Telehealth Technology-Enabled Learning Project (Project ECHO).
Sec. 702. Rural Health Workforce Pathway Act.
Sec. 703. Health worker well-being.
Sec. 704. Welcome Back to the Health Care Workforce.
Sec. 705. Allied Health Opportunity Act.

Sec. 706. Workplace violence prevention for health care and social service workers.

TITLE VIII—HEALTH POLICY REFORMS

Sec. 801. Establishing requirements with respect to the use of prior authorization.

Sec. 802. Billing requirements for on-campus and off-campus departments of a provider.

Sec. 803. Prohibiting noncompete agreements.

TITLE IX—ENHANCING ACCESS TO AFFORDABLE BIOSIMILAR BIOLOGICAL PRODUCTS

Sec. 901. Enhancing access to affordable biosimilar biological products.

TITLE X—MISCELLANEOUS PROVISIONS

Sec. 1001. Medicaid Improvement Fund.

1 **TITLE I—COMMUNITY HEALTH**
 2 **CENTERS; NATIONAL HEALTH**
 3 **SERVICE CORPS**

4 **SEC. 101. COMMUNITY HEALTH CENTERS.**

5 (a) COMMUNITY HEALTH CENTER FUND.—Section
 6 10503 of the Patient Protection and Affordable Care Act
 7 (42 U.S.C. 254b–2) is amended—

8 (1) in subsection (b)(1)(F)—

9 (A) by striking “2008 and” and inserting
 10 “2008,”; and

11 (B) by inserting before the semicolon the
 12 following: “\$10,020,000,000 for fiscal year
 13 2024, \$10,870,000,000 for fiscal year 2025,
 14 \$11,720,000,000 for fiscal year 2026,
 15 \$12,570,000,000 for fiscal year 2027, and
 16 \$13,420,000,000 for fiscal year 2028”; and

17 (2) by adding at the end the following:

1 “(f) PRIORITY USE OF FUNDS.—For fiscal years
2 2024 through 2028, in awarding amounts appropriated
3 under subsection (b)(1)(F), the Secretary shall prioritize
4 awards to entities for purposes of—

5 “(1) expanding the number of patients served
6 by health centers, including through Health Center
7 Program New Access Points, including school-based
8 service sites;

9 “(2) expanding access to comprehensive pri-
10 mary care services offered by health centers; and

11 “(3) expanding services that enable all individ-
12 uals to use the services of health centers.”.

13 (b) CAPITAL FUNDING.—Section 10503(c) of the Pa-
14 tient Protection and Affordable Care Act (42 U.S.C.
15 254b–2(c)) is amended—

16 (1) in the subsection heading, by inserting “;
17 CAPITAL FUNDING” after “CONSTRUCTION”;

18 (2) by striking “There is” and inserting the fol-
19 lowing:

20 “(1) CONSTRUCTION.—There is”; and

21 (3) by adding at the end the following:

22 “(2) CAPITAL FUNDING.—There is authorized
23 to be appropriated, and there is appropriated, out of
24 any monies in the Treasury not otherwise appro-
25 priated, \$6,900,000,000, to be used by the Secretary

1 of Health and Human Services for the alteration,
2 renovation, construction, equipment, and other cap-
3 ital improvement costs of health centers that receive
4 funding under section 330 of the Public Health
5 Service Act (42 U.S.C. 254b).”.

6 (c) SCHOOL-BASED HEALTH CENTERS.—Section
7 10503 of the Patient Protection and Affordable Care Act
8 (42 U.S.C. 254b–2), as amended by subsection (a), is fur-
9 ther amended by adding at the end the following:

10 “(g) SCHOOL-BASED HEALTH CENTERS.—For each
11 of fiscal years 2024 through 2028, of the amounts appro-
12 priated under subsection (b)(1)(F) for a fiscal year, the
13 Secretary shall use \$500,000,000 for purposes of carrying
14 out the school-based health centers grant program under
15 section 399Z–1 of the Public Health Service Act (42
16 U.S.C. 280h–5).”.

17 (d) ALLOCATION OF FUNDS.—Section 10503 of the
18 Patient Protection and Affordable Care Act (42 U.S.C.
19 254b–2), as amended by subsection (c), is further amend-
20 ed by adding at the end the following:

21 “(h) ALLOCATION OF FUNDS.—For each of fiscal
22 years 2024 through 2028, of the amounts appropriated
23 under subsection (b)(1)(F) for a fiscal year, the Secretary
24 shall use—

1 “(1) at least \$400,000,000 for the purposes of
2 supporting existing health centers to expand opening
3 hours; and

4 “(2) at least \$100,000,000 for the purposes of
5 supporting health centers that partner with hospitals
6 to create programs to prevent avoidable emergency
7 room use.”.

8 (e) SUPPLEMENTAL FUNDING FOLLOWING NATURAL
9 DISASTER OR SERVICE REDUCTIONS.—

10 (1) IN GENERAL.—There is established a Fund,
11 to be administered through the Office of the Sec-
12 retary of the Department of Health and Human
13 Services, for purposes of providing funding to health
14 centers receiving funding under section 330 of the
15 Public Health Service Act (42 U.S.C. 254b), in the
16 event of service reductions due to natural disasters
17 or other events (including closure of a hospital, or
18 health care provider that provided comparable pri-
19 mary care services, in the service area of such a
20 health center or in a neighboring service area), for
21 operational costs or hazard pay to manage additional
22 demand and greater acuity of care.

23 (2) FUNDING.—There is appropriated, out of
24 amounts in the Treasury not otherwise appropriated,
25 to the Fund established under paragraph (1) such

1 sums as may be necessary for each of fiscal years
2 2024 through 2028, to remain available until ex-
3 pended.

4 (f) REQUIRED PRIMARY HEALTH SERVICES.—Sec-
5 tion 330(b) of the Public Health Service Act (42 U.S.C.
6 254b(b)) is amended—

7 (1) in paragraph (1)(A)(i)—

8 (A) in subclause (IV), by striking “and” at
9 the end; and

10 (B) by adding at the end the following:

11 “(VI) mental health and sub-
12 stance use disorder services; and

13 “(VII) dental services (including
14 preventive);”; and

15 (2) in paragraph (2)—

16 (A) by striking subparagraph (A); and

17 (B) by redesignating subparagraphs (B)
18 through (D) as subparagraphs (A) through (C),
19 respectively.

20 (g) HEALTH EQUITY FOR PEOPLE WITH DISABIL-
21 ITIES.—

22 (1) IN GENERAL.—Section 330 of the Public
23 Health Service Act (42 U.S.C. 254b) is amended—

24 (A) in subsection (a)(1)—

1 (i) in the matter preceding subpara-
2 graph (A), by inserting “including people
3 with disabilities within these populations;”
4 after “public housing;” and

5 (ii) in subparagraph (A), by inserting
6 “including accessible healthcare services”
7 before the semicolon;

8 (B) in subsection (b)—

9 (i) in paragraph (1)(A)—

10 (I) in clause (i), in the matter
11 preceding subclause (I), by inserting
12 “, including accessible healthcare serv-
13 ices” after “health services”;

14 (II) in clause (iv), by inserting “,
15 including people with disabilities,”
16 after “enable individuals”; and

17 (III) in clause (v), by inserting “,
18 including people with disabilities,”
19 after “health center”; and

20 (ii) by adding at the end the fol-
21 lowing:

22 “(4) DISABILITY.—The term ‘disability’ has the
23 meaning given such term in the Americans with Dis-
24 abilities Act of 1990.”;

25 (C) in subsection (c)(1)—

1 (i) in the matter preceding subpara-
2 graph (A)—

3 (I) by inserting “, including peo-
4 ple with disabilities within these medi-
5 cally underserved populations” before
6 the first period; and

7 (II) by inserting “accessible”
8 after “lease of”; and

9 (ii) in subparagraph (E), by inserting
10 “non-profit health and wellness agencies,”
11 after “local hospitals,”;

12 (D) in subsection (d)—

13 (i) in paragraph (1)(A), by inserting
14 “or with disabilities” before the semicolon;
15 and

16 (ii) in paragraph (3), by inserting “or
17 for addressing barriers to care affecting
18 people with disabilities in their commu-
19 nities” before the period;

20 (E) in subsection (e)(6)(A)(ii), insert “, or
21 will serve a significant population of people with
22 disabilities” after “other applicants”;

23 (F) in subsection (f)(1)(B), by inserting “,
24 including people with disabilities,” after
25 “women and children”;

1 (G) in subsection (g)(1)(A), by inserting “,
2 including people with disabilities” before the
3 semicolon;

4 (H) in subsection (h)(1), by striking “and
5 veterans at risk of homelessness” and inserting
6 “veterans at risk of homelessness, and people
7 with disabilities who are homeless or at risk of
8 homelessness”;

9 (I) in subsection (i)(1), by inserting “, in-
10 clusive of people with disabilities in these com-
11 munities” before the period; and

12 (J) in subsection (j)(4)—

13 (i) in subparagraph (A), by striking
14 “and” at the end;

15 (ii) in subparagraph (B), by striking
16 the period and inserting “; or”; and

17 (iii) by adding at the end the fol-
18 lowing:

19 “(C) provide communication devices, aids,
20 or services to meet disability accessibility re-
21 quirements.”.

22 (2) RULE OF CONSTRUCTION.—Nothing in the
23 amendments made by paragraph (1) shall be con-
24 strued to modify the manner in which funding is
25 provided to targeted populations on the date of en-

1 actment of this Act or to otherwise shift the focus
2 of programming for such populations. Such amend-
3 ments are intended to ensure that members of tar-
4 geted populations with disabilities are included in
5 such programming, have access to care, and are
6 served under programs under section 330 of the
7 Public Health Service Act (as amended by this sub-
8 section).

9 **SEC. 102. NATIONAL HEALTH SERVICE CORPS.**

10 Section 10503(b)(2) of the Patient Protection and
11 Affordable Care Act (42 U.S.C. 254b–2(b)(2)) is amend-
12 ed—

13 (1) in subparagraph (G), by striking “; and”
14 and inserting a semicolon;

15 (2) in subparagraph (H), by striking the period
16 and inserting a semicolon; and

17 (3) by adding at the end the following:

18 “(I) \$2,300,000,000 for fiscal year 2024;

19 and

20 “(J) \$1,500,000,000 for each of fiscal
21 years 2025 through 2028.”.

1 **SEC. 103. FOOD AS MEDICINE AND INCREASED COORDINA-**
2 **TION BETWEEN COMMUNITY HEALTH CEN-**
3 **TERS AND WIC.**

4 Part D of title VII of the Public Health Service Act
5 (42 U.S.C. 294 et seq.) is amended by adding at the end
6 the following:

7 **“SEC. 761. FOOD AS MEDICINE AND INCREASED COORDINA-**
8 **TION BETWEEN COMMUNITY HEALTH CEN-**
9 **TERS AND WIC.**

10 “(a) IN GENERAL.—The Secretary, acting through
11 the Administrator of the Health Resources and Services
12 Administration, may award grants to health centers re-
13 ceiving funding under section 330, for the purposes of en-
14 hancing nutrition services in order to address the dietary,
15 nutritional, and health needs and risks for pregnant and
16 postpartum women, breastfeeding women, infants, and
17 children and to improve patient health outcomes, including
18 by—

19 “(1) recruiting and hiring health professionals,
20 such as nurses, registered dietitians, nutritionists,
21 and lactation support professionals, in health cen-
22 ters; and

23 “(2) supporting cooking and nutrition classes.

24 “(b) USES OF FUNDS.—In addition to the recruiting
25 and hiring described in subsection (a)(1), recipients of
26 awards under such subsection may use grant funds to sup-

1 port current health center employees who are enrolled in
2 dietetics, nutrition, and lactation support professional
3 training through an institution of higher education (as de-
4 fined in section 101 of the Higher Education Act of 1965)
5 that has an accredited professional training program or
6 accredited bachelor's, master's, or doctoral degree pro-
7 gram in dietetics or nutrition sciences or lactation support.

8 “(c) PRIORITY.—In awarding grants under this sec-
9 tion, the Secretary may give priority to health centers
10 that—

11 “(1) have partnerships with community-based
12 organizations and State agencies (as defined in sec-
13 tion 17(b) of the Child Nutrition Act of 1966) ad-
14 ministering the special supplemental nutrition pro-
15 gram for women, infants, and children established
16 under section 17 of such Act;

17 “(2) are located in medically underserved areas,
18 or areas with disproportionately high rates of mater-
19 nal or infant mortality or morbidity; and

20 “(3) are historically Black colleges and univer-
21 sities (as defined by the term ‘part B institution’ in
22 section 322 of the Higher Education Act of 1965),
23 Tribal Colleges or Universities (as defined in section
24 316(b)(3) of such Act), or minority-serving institu-
25 tions (as described in section 371 of such Act); or

1 “(4) demonstrate a commitment to addressing
2 the nutritional and health needs and risks for preg-
3 nant and postpartum women, breastfeeding women,
4 infants, and children and other medically under-
5 served populations.

6 “(d) APPROPRIATIONS.— To carry out this section,
7 there are appropriated, out of amounts in the Treasury
8 not otherwise , \$50,000,000 for each of fiscal years 2024
9 through 2028, to remain available until expended.”.

10 **TITLE II—EXPANDING THE NUM-**
11 **BER OF DOCTORS IN AMER-**
12 **ICA**

13 **SEC. 201. PROGRAM OF PAYMENTS TO CHILDREN’S HOS-**
14 **PITALS THAT OPERATE GRADUATE MEDICAL**
15 **EDUCATION PROGRAMS.**

16 Section 340E(f) of the Public Health Service Act (42
17 U.S.C. 256e(f)) is amended by adding at the end the fol-
18 lowing:

19 “(3) APPROPRIATIONS.—There are appro-
20 priated, out of amounts in the Treasury not other-
21 wise appropriated—

22 “(A) for payments under subsection
23 (b)(1)(A), \$105,000,000 for each of fiscal years
24 2024 through 2028; and

1 “(B) for payments under subsection
2 (b)(1)(B), \$220,000,000 for each of fiscal years
3 2024 through 2028.”.

4 **SEC. 202. TEACHING HEALTH CENTERS GRADUATE MED-**
5 **ICAL EDUCATION.**

6 (a) **FUNDING.**—Section 340H(g)(1) of the Public
7 Health Service Act (42 U.S.C. 256h(g)(1)) is amended—

8 (1) by striking “such sums as may be nec-
9 essary, not to exceed”;

10 (2) by striking “2017, and” and inserting
11 “2017,”; and

12 (3) by inserting “\$264,000,000 for fiscal year
13 2024, \$338,000,000 for fiscal year 2025,
14 \$489,000,000 for fiscal year 2026, \$504,000,000 for
15 fiscal year 2027, and \$519,000,000 for fiscal year
16 2028,” after “2023,”.

17 (b) **PER RESIDENT AMOUNT.**—Section 340H(a)(2)
18 of the Public Health Service Act (42 U.S.C. 256h(a)(2))
19 is amended by adding at the end the following: “Beginning
20 in fiscal year 2024, in accordance with paragraph (1), but
21 notwithstanding the capped amount referenced in sub-
22 sections (b)(2) and (d)(2), the minimum per resident
23 amount of payments described in this subsection shall be
24 increased by \$49,623 for fiscal year 2024, \$55,912 for

1 fiscal year 2025, \$62,309 for fiscal year 2026, \$69,061
2 for fiscal year 2027, and \$75,933 for fiscal year 2028.”.

3 (c) AMOUNT OF PAYMENTS.—Section 340H of the
4 Public Health Service Act (42 U.S.C. 256h) is amended—

5 (1) in subsection (b)(2)—

6 (A) in subparagraph (A), by striking
7 “amount of funds appropriated under sub-
8 section (g) for such payments for that fiscal
9 year” and inserting “total amount of funds
10 available under subsection (g) and any amounts
11 recouped under subsection (f)”;

12 (B) in subparagraph (B), by striking “ap-
13 propriated in a fiscal year under subsection
14 (g)” and inserting “available under subsection
15 (g) and any amounts recouped under subsection
16 (f)”;

17 (2) in subsection (d)(2)(B), by striking
18 “amount appropriated for such expenses as deter-
19 mined in subsection (g)” and inserting “total
20 amount of funds available under subsection (g) and
21 any amounts recouped under subsection (f)”.

22 (d) PRIORITY PAYMENTS.—Section 340H(a)(3) of
23 Public Health Service Act (42 U.S.C. 256H(a)(3)) is
24 amended—

1 (1) in subparagraph (A), by striking “; or” and
2 inserting a semicolon;

3 (2) in subparagraph (B), by striking the period
4 and inserting “; or”; and

5 (3) by adding at the end the following:

6 “(C) are located in a State that does not
7 already have a qualified teaching health cen-
8 ter.”.

9 **SEC. 203. MEDICARE GRADUATE MEDICAL EDUCATION.**

10 (a) IN GENERAL.—Section 1886(h) of the Social Se-
11 curity Act (42 U.S.C. 1395ww(h)) is amended—

12 (1) in paragraph (4)(F)(i), by striking “and
13 (10)” and inserting “(10), and (11)”;

14 (2) in paragraph (4)(H)(i), by striking “and
15 (10)” and inserting “(10), and (11)”;

16 (3) in paragraph (7)(E), by inserting “para-
17 graph (11),” after “paragraph (10),”; and

18 (4) by adding at the end the following new
19 paragraph:

20 “(11) DISTRIBUTION OF ADDITIONAL RESI-
21 DENCY POSITIONS.—

22 “(A) ADDITIONAL RESIDENCY POSI-
23 TIONS.—

24 “(i) IN GENERAL.—For each of fiscal
25 years 2024 through 2028 (and succeeding

1 fiscal years if the Secretary determines
2 that there are additional residency posi-
3 tions available to distribute under clause
4 (iii)(II)), the Secretary shall increase the
5 otherwise applicable resident limit for each
6 qualifying hospital (as defined in subpara-
7 graph (G)) that submits a timely applica-
8 tion under this subparagraph by such
9 number as the Secretary may approve for
10 portions of cost reporting periods occurring
11 on or after July 1 of the fiscal year of the
12 increase. Except as provided in clause (iii),
13 the aggregate number of increases in the
14 otherwise applicable resident limit under
15 this subparagraph shall be equal to 2,000
16 in each of fiscal years 2024 through 2028.

17 “(ii) PROCESS FOR DISTRIBUTING PO-
18 SITIONS.—

19 “(I) ROUNDS OF APPLICA-
20 TIONS.—The Secretary shall initiate 5
21 separate rounds of applications for an
22 increase under clause (i), 1 round
23 with respect to each of fiscal years
24 2024 through 2028.

1 “(II) NUMBER AVAILABLE.—In
2 each of such rounds, the aggregate
3 number of positions available for dis-
4 tribution in the fiscal year as a result
5 of an increase in the otherwise appli-
6 cable resident limit (as described in
7 clause (i)) shall be distributed, plus
8 any additional positions available
9 under clause (iii).

10 “(III) DISTRIBUTION FOR PRI-
11 MARY CARE AND PSYCHIATRY
12 RESIDENCIES.—Of the positions avail-
13 able for distribution under this para-
14 graph in a fiscal year—

15 “(aa) at least 25 percent
16 shall be distributed for a primary
17 care residency (as defined in sub-
18 paragraph (F)); and

19 “(bb) at least 15 percent
20 shall be distributed for a psychi-
21 atry residency (as defined in such
22 subparagraph).

23 “(IV) TIMING.—The Secretary
24 shall notify hospitals of the number of
25 positions distributed to the hospital

1 under this paragraph as result of an
2 increase in the otherwise applicable
3 resident limit by January 31 of the
4 fiscal year of the increase. Such in-
5 crease shall be effective for portions of
6 cost reporting periods beginning on or
7 after July 1 of that fiscal year.

8 “(iii) POSITIONS NOT DISTRIBUTED
9 DURING THE FISCAL YEAR.—

10 “(I) IN GENERAL.—If the num-
11 ber of resident full-time equivalent po-
12 sitions distributed under this para-
13 graph in a fiscal year is less than the
14 aggregate number of positions avail-
15 able for distribution in the fiscal year
16 (as described in clause (i), including
17 after application of this subclause),
18 the difference between such number
19 distributed and such number available
20 for distribution shall be added to the
21 aggregate number of positions avail-
22 able for distribution in the following
23 fiscal year.

24 “(II) EXCEPTION IF POSITIONS
25 NOT DISTRIBUTED BY END OF FISCAL

1 YEAR 2028.—If the aggregate number
2 of positions distributed under this
3 paragraph during the 5-year period of
4 fiscal years 2024 through 2028 is less
5 than 10,000, the Secretary shall, in
6 accordance with the considerations de-
7 scribed in subparagraph (B)(i) and
8 the priority described in subparagraph
9 (B)(ii), conduct an application and
10 distribution process in each subse-
11 quent fiscal year until such time as
12 the aggregate amount of positions dis-
13 tributed under this paragraph is equal
14 to 10,000.

15 “(B) DISTRIBUTION TO CERTAIN HOS-
16 PITALS.—

17 “(i) CONSIDERATION IN DISTRIBUTION.—In determining for which hospitals
18 the increase in the otherwise applicable
19 resident limit is provided under subpara-
20 graph (A), the Secretary shall take into ac-
21 count the demonstrated likelihood of the
22 hospital filling the positions made available
23 under this paragraph within the first 5
24 cost reporting periods beginning after the
25

1 date the increase would be effective, as de-
2 termined by the Secretary.

3 “(ii) MINIMUM DISTRIBUTION FOR
4 CERTAIN CATEGORIES OF HOSPITALS.—
5 With respect to the aggregate number of
6 such positions available for distribution
7 under this paragraph, the Secretary shall
8 distribute not less than 10 percent of such
9 aggregate number to each of the following
10 categories of hospitals:

11 “(I) Hospitals that are located in
12 a rural area (as defined in subsection
13 (d)(2)(D)) or are treated as being lo-
14 cated in a rural area pursuant to sub-
15 section (d)(8)(E), hospitals that are
16 located in a census tract assigned a
17 rural-urban commuting area code of 4
18 or greater, hospitals that are a sole
19 community hospital (as defined in
20 subsection (d)(5)(D)(iii)), and hos-
21 pitals that are located in a non-contig-
22 uous area.

23 “(II) Hospitals in which the ref-
24 erence resident level of the hospital
25 (as specified in subparagraph (G)(iii))

1 is greater than the otherwise applica-
2 ble resident limit.

3 “(III) Hospitals in States with—

4 “(aa) new medical schools
5 that received ‘Candidate School’
6 status from the Liaison Com-
7 mittee on Medical Education or
8 that received ‘Pre-Accreditation’
9 status from the American Osteo-
10 pathic Association Commission
11 on Osteopathic College Accredita-
12 tion on or after January 1, 2000,
13 and that have achieved or con-
14 tinue to progress toward ‘Full
15 Accreditation’ status (as such
16 term is defined by the Liaison
17 Committee on Medical Edu-
18 cation) or toward ‘Accreditation’
19 status (as such term is defined
20 by the American Osteopathic As-
21 sociation Commission on Osteo-
22 pathic College Accreditation); or

23 “(bb) additional locations
24 and branch campuses established
25 on or after January 1, 2000, by

1 medical schools with ‘Full Ac-
2 creditation’ status (as such term
3 is defined by the Liaison Com-
4 mittee on Medical Education) or
5 ‘Accreditation’ status (as such
6 term is defined by the American
7 Osteopathic Association Commis-
8 sion on Osteopathic College Ac-
9 creditation).

10 “(IV) Hospitals that serve areas
11 designated as health professional
12 shortage areas under section
13 332(a)(1)(A) of the Public Health
14 Service Act, as determined by the Sec-
15 retary.

16 “(V) Hospitals with a sponsoring
17 institution for a residency or fellow-
18 ship program that is a minority-serv-
19 ing institution, as described in section
20 371(a) or 326(e)(1) of the Higher
21 Education Act of 1965.

22 “(iii) SPECIAL RULE.—In distributing
23 positions under clause (ii), the Secretary
24 shall not prioritize hospitals in multiple
25 categories over hospitals in an individual

1 category or based on section 332 of the
2 Public Health Service Act.

3 “(C) PROHIBITION ON DISTRIBUTION TO
4 HOSPITALS WITHOUT AN INCREASE AGREE-
5 MENT.—No increase in the otherwise applicable
6 resident limit of a hospital may be made under
7 this paragraph unless such hospital agrees to
8 increase the total number of full-time equivalent
9 residency positions under the approved medical
10 residency training program of such hospital by
11 the number of such positions made available by
12 such increase under this paragraph.

13 “(D) LIMITATION.—

14 “(i) IN GENERAL.—Except as pro-
15 vided in clause (ii), a hospital may not re-
16 ceive more than 75 full-time equivalent ad-
17 ditional residency positions in the aggre-
18 gate under this paragraph and paragraphs
19 (9) and (10) over the period of fiscal years
20 2024 through 2028.

21 “(ii) INCREASE IN NUMBER OF ADDI-
22 TIONAL POSITIONS A HOSPITAL MAY RE-
23 CEIVE.—The Secretary shall increase the
24 aggregate number of full-time equivalent
25 additional residency positions a hospital

1 may receive under this paragraph over
2 such period if the Secretary estimates that
3 the number of positions available for dis-
4 tribution under subparagraph (A) exceeds
5 the number of applications approved under
6 such subparagraph over such period.

7 “(E) APPLICATION OF PER RESIDENT
8 AMOUNTS FOR PRIMARY CARE AND NONPRI-
9 MARY CARE.—With respect to additional resi-
10 dency positions in a hospital attributable to the
11 increase provided under this paragraph, the ap-
12 proved FTE per resident amounts are deemed
13 to be equal to the hospital per resident amounts
14 for primary care and nonprimary care com-
15 puted under paragraph (2)(D) for that hospital.

16 “(F) PERMITTING FACILITIES TO APPLY
17 AGGREGATION RULES.—The Secretary shall
18 permit hospitals receiving additional residency
19 positions attributable to the increase provided
20 under this paragraph to, beginning in the fifth
21 year after the effective date of such increase,
22 apply such positions to the limitation amount
23 under paragraph (4)(F) that may be aggre-
24 gated pursuant to paragraph (4)(H) among
25 members of the same affiliated group.

1 “(G) DEFINITIONS.—In this paragraph:

2 “(i) OTHERWISE APPLICABLE RESI-
3 DENT LIMIT.—The term ‘otherwise appli-
4 cable resident limit’ means, with respect to
5 a hospital, the limit otherwise applicable
6 under subparagraphs (F)(i) and (H) of
7 paragraph (4) on the resident level for the
8 hospital determined without regard to this
9 paragraph but taking into account para-
10 graphs (7)(A), (7)(B), (8)(A), (8)(B),
11 (9)(A), (9)(B), (10)(A), and (10)(B).

12 “(ii) PRIMARY CARE RESIDENCY.—
13 The term ‘primary care residency’ means a
14 residency in a program described in para-
15 graph (5)(H).

16 “(iii) PSYCHIATRY RESIDENCY.—The
17 term ‘psychiatry residency’ means a resi-
18 dency in psychiatry, addiction medicine,
19 addiction psychiatry, pain medicine, child
20 and adolescent psychiatry, consultation-li-
21 aison psychiatry, geriatric psychiatry, brain
22 injury medicine, forensic psychiatry, hos-
23 pice and palliative medicine, and sleep
24 medicine. Such term includes a residency
25 in a program that is a prerequisite (as de-

1 terminated by the Secretary) for a residency
2 described in the preceding sentence.

3 “(iv) QUALIFYING HOSPITAL.—The
4 term ‘qualifying hospital’ means a hospital
5 described in any of subclauses (I) through
6 (V) of subparagraph (B)(ii).

7 “(v) REFERENCE RESIDENT LEVEL.—
8 The term ‘reference resident level’ means,
9 with respect to a hospital, the resident
10 level for the most recent cost reporting pe-
11 riod of the hospital ending on or before the
12 date of enactment of this paragraph, for
13 which a cost report has been settled (or, if
14 not, submitted (subject to audit)), as de-
15 termined by the Secretary.

16 “(vi) RESIDENT LEVEL.—The term
17 ‘resident level’ has the meaning given such
18 term in paragraph (7)(C)(i).”.

19 (b) IME.—

20 (1) IN GENERAL.—Section 1886(d)(5)(B)(v) of
21 the Social Security Act (42 U.S.C.
22 1395ww(d)(5)(B)(v)), in the third sentence, is
23 amended by striking “and (h)(10)” and inserting
24 “(h)(10), and (h)(11)”.

1 (2) CONFORMING PROVISION.—Section
2 1886(d)(5)(B) of the Social Security Act (42 U.S.C.
3 1395ww(d)(5)(B)) is amended by adding after
4 clause (xiii) the following new clause:

5 “(ix) For discharges occurring on or after July
6 1, 2024, insofar as an additional payment amount
7 under this subparagraph is attributable to resident
8 positions distributed to a hospital under subsection
9 (h)(11), the indirect teaching adjustment factor shall
10 be computed in the same manner as provided under
11 clause (ii) with respect to such resident positions.”.

12 (c) STUDY AND REPORT ON STRATEGIES FOR IN-
13 CREASING DIVERSITY.—

14 (1) STUDY.—The Comptroller General of the
15 United States (in this subsection referred to as the
16 “Comptroller General”) shall conduct a study on
17 strategies for increasing the diversity of the health
18 professional workforce. Such study shall include an
19 analysis of strategies for increasing the number of
20 health professionals from rural, lower income, and
21 underrepresented minority communities, including
22 which strategies are most effective for achieving
23 such goal.

24 (2) REPORT.—Not later than 2 years after the
25 date of the enactment of this Act, the Comptroller

1 General shall submit to Congress a report on the
2 study conducted under paragraph (1), together with
3 recommendations for such legislation and adminis-
4 trative action as the Comptroller General determines
5 appropriate.

6 **SEC. 204. RURAL RESIDENCY PLANNING AND DEVELOP-**
7 **MENT PROGRAM.**

8 For purposes of carrying out the rural residency
9 planning and development program established pursuant
10 to section 711(b)(5) of the Social Security Act (42 U.S.C.
11 912(b)(5)), there are appropriated, out of amounts in the
12 Treasury not otherwise appropriated, \$37,500,000 for
13 each of fiscal years 2024 through 2028, to remain avail-
14 able until expended.

15 **SEC. 205. PRIMARY CARE TRAINING AND ENHANCEMENT**
16 **PROGRAM.**

17 Section 747(c) of the Public Health Service Act (42
18 U.S.C. 293k(c)) is amended—

19 (1) in the subsection heading, by striking “AU-
20 THORIZATION OF”; and

21 (2) in paragraph (1), by striking “authorized to
22 be appropriated \$48,924,000 for each of fiscal years
23 2021 through 2025” and inserting “appropriated,
24 out of amounts in the Treasury not otherwise appro-
25 priated, \$125,000,000 for fiscal year 2024 and

1 (1) to establish and expand primary care team
2 education centers to—

3 (A) enhance and support the capacity of
4 community-based ambulatory patient care cen-
5 ters to serve as sites to develop the next genera-
6 tion of health professionals to care for the
7 needs of communities; and

8 (B) develop and implement innovative em-
9 ployment, appointment, and compensation mod-
10 els to enhance and expand preceptors in pri-
11 mary care; and

12 (2) to improve access to care by ensuring that
13 more health professional students have clinical edu-
14 cation experiences in multidisciplinary primary care
15 settings.

16 (c) ESTABLISHMENT OF PROGRAM.—

17 (1) IN GENERAL.—Part P of title III of the
18 Public Health Service Act (42 U.S.C. 280g et seq.)
19 is amended by adding at the end the following:

20 **“SEC. 399V–8. SUPPORT AND DEVELOPMENT OF PRIMARY**
21 **CARE TEAM EDUCATION CENTERS.**

22 “(a) PROGRAM AUTHORIZED.—The Secretary may
23 award grants to eligible entities for the purpose of estab-
24 lishing and expanding primary care team education cen-
25 ters.

1 “(b) AMOUNT AND DURATION.—A grant awarded
2 under subsection (a) shall be for a term of not more than
3 5 years and the maximum grant award may not be more
4 than \$400,000 a year.

5 “(c) USE OF FUNDS.—An eligible entity receiving a
6 grant under subsection (a) shall use grant funds to estab-
7 lish or expand a primary care team education center to—

8 “(1) develop or enhance partnerships with insti-
9 tutions of higher education that provide a recognized
10 postsecondary credential in health care, or health
11 care organizations that the Secretary has determined
12 are capable of carrying out such a grant or contract,
13 to—

14 “(A) address clinical faculty, clinical site,
15 and clinical preceptor shortages for health pro-
16 fessionals by—

17 “(i) establishing mutually beneficial
18 and sustainable agreements for precepting
19 by the clinical staff of the primary care
20 team education center, through models de-
21 signed to enhance—

22 “(I) recruitment and retention of
23 such staff; and

24 “(II) the role of such staff in en-
25 suring the effectiveness and sustain-

1 ability of the clinical site as part of
2 the health professional student clinical
3 education of a partnering entity; and

4 “(ii) implementing a plan to address
5 recruitment and retention of primary care
6 team education center clinical staff who
7 have entered into agreements under clause
8 (i); and

9 “(B) support health professional student
10 training in primary care by—

11 “(i) implementing curricula to inte-
12 grate health professional student clinical
13 education into primary care team edu-
14 cation centers, including strategies to ad-
15 dress health professional well-being and
16 mental health; and

17 “(ii) providing support for health pro-
18 fessional students, including assistance for
19 housing near, or transportation to or from,
20 the clinical site during the clinical training
21 period;

22 “(2) integrate and expand the role of health
23 professionals not traditionally involved in the eligible
24 entity’s primary care team, such as school nurses in
25 elementary or secondary schools and community

1 health workers, as part of the service continuum of
2 the primary care team education center; and

3 “(3) promote career advancement for health
4 professionals employed by the primary care team
5 education center.

6 “(d) AWARD BASIS.—In selecting recipients for
7 grants under subsection (a), the Secretary shall give pri-
8 ority to grant applications that—

9 “(1) demonstrate how the program to be sup-
10 ported under the grant will, for the region to be
11 served—

12 “(A) identify the health professions with
13 labor shortages; and

14 “(B) increase the number of health profes-
15 sionals with disadvantaged backgrounds work-
16 ing in such health professions; and

17 “(2) provide preceptor training and support to
18 encourage eligible preceptors to participate in clin-
19 ical training, including nurses and advanced practice
20 nurses.

21 “(e) LIMITATION.—The recipient of a grant under
22 section 749A or 340H shall not be eligible to receive a
23 grant under subsection (a).

24 “(f) TECHNICAL ASSISTANCE.—

1 “(1) IN GENERAL.—The Secretary, acting
2 through the Administrator of the Health Resources
3 and Services Administration, shall, directly or
4 through grants or contracts, provide technical assist-
5 ance for eligible entities receiving grants under sub-
6 section (a).

7 “(2) LIMITATION.—For each year, the Sec-
8 retary shall use not more than 5 percent of the
9 amount made available to carry out this section for
10 technical assistance under this subsection.

11 “(g) ANNUAL REPORT.—The Secretary shall submit
12 an annual report to Congress on the grants awarded under
13 subsection (a). Each such report shall, at a minimum, in-
14 clude—

15 “(1) the total number of grants awarded under
16 subsection (a);

17 “(2) a description of the primary care team
18 education centers supported under each such grant;

19 “(3) the number of students, by profession, who
20 engaged in such primary care team education cen-
21 ters during the applicable academic year, in the ag-
22 gregate and disaggregated by grantee;

23 “(4) in the aggregate and disaggregated by
24 grantee—

1 “(A) the number of health professional
2 staff at such primary care team education cen-
3 ters engaged in classroom teaching or clinical
4 precepting under the grant;

5 “(B) an estimate of the number of teach-
6 ing or precepting hours provided under the
7 grant;

8 “(C) the number of health professional
9 students, and the number of advanced practice
10 nursing students, trained under the grant; and

11 “(D) the number of health care profes-
12 sional preceptors recruited and retained under
13 the grant; and

14 “(5) a description of how each grantee met the
15 needs of the health professionals served under the
16 grant

17 “(h) DEFINITIONS.—In this section:

18 “(1) ELIGIBLE ENTITY.—The term ‘eligible en-
19 tity’ means an entity described in any of clauses (i)
20 through (v) of section 749A(f)(3)(B).

21 “(2) INSTITUTION OF HIGHER EDUCATION.—
22 The term ‘institution of higher education’ has the
23 meaning given the term in section 102 of the Higher
24 Education Act of 1965.

1 “(3) PRECEPTOR.—The term ‘preceptor’ means
2 a health professional who provides supervision and
3 personalized experiential learning training and in-
4 struction and mentoring opportunities in the clinical
5 practice of a health profession to a student in a
6 health profession.

7 “(4) PRIMARY CARE TEAM.—The term ‘primary
8 care team’ means a team of 2 or more health pro-
9 viders who provide health services to individuals,
10 families, or communities by working collaboratively
11 with patients and their caregivers, to the extent pre-
12 ferred by each patient, to accomplish shared goals
13 within and across settings in order to achieve coordi-
14 nated, high-quality care.

15 “(i) AUTHORIZATION OF APPROPRIATIONS.—There is
16 authorized to be appropriated to carry out this section—

17 “(1) \$10,000,000 for fiscal year 2024;

18 “(2) \$25,000,000 for fiscal year 2025;

19 “(3) \$50,000,000 for fiscal year 2026; and

20 “(4) such sums as may be necessary for each
21 fiscal year thereafter.”.

22 (2) LIMITATION ON ELIGIBILITY FOR OTHER
23 TEACHING HEALTH CENTER DEVELOPMENT
24 GRANTS.—

1 (A) SECTION 749A.—Section 749A of the
2 Public Health Service Act (42 U.S.C. 2931–1)
3 is amended—

4 (i) by redesignating subsections (f)
5 and (g) as subsections (g) and (h), respec-
6 tively; and

7 (ii) by inserting after subsection (e)
8 the following:

9 “(f) LIMITATION.—A recipient of a grant under sec-
10 tion 399V–8 shall not be eligible to receive a grant under
11 this section.”.

12 (B) GRADUATE MEDICAL EDUCATION PRO-
13 GRAM TEACHING HEALTH CENTERS.—Section
14 340H(a) of the Public Health Service Act (42
15 U.S.C. 256h(a)) is amended by adding at the
16 end the following:

17 “(4) LIMITATION.—A recipient of a grant
18 under section 399V–8 shall not be eligible to receive
19 a payment under this section.”.

20 (C) CONFORMING AMENDMENT.—Section
21 760(c)(2)(A) of the Public Health Service Act
22 (42 U.S.C. 294k(e)(2)(A)) is amended by strik-
23 ing “section 749A(f)” and inserting “section
24 749A(g)”.

1 **TITLE III—EXPANDING THE**
2 **NUMBER OF NURSES IN**
3 **AMERICA**

4 **SEC. 301. EXPANDING ASSOCIATE DEGREE NURSING PRO-**
5 **GRAMS.**

6 Part D of title VIII of the Public Health Service Act
7 (42 U.S.C. 296p et seq.) is amended by adding at the end
8 the following:

9 **“SEC. 832. EXPANDING ASSOCIATE DEGREE NURSING PRO-**
10 **GRAMS.**

11 “(a) **AUTHORIZATION.**—From the amounts appro-
12 priated under subsection (g), the Secretary, acting
13 through the Administrator of the Health Resources and
14 Services Administration, in consultation with the Sec-
15 retary of Education and the heads of other agencies, as
16 appropriate, shall award grants to institutions of higher
17 education (as defined in section 101 of the Higher Edu-
18 cation Act of 1965) that offer an accredited registered
19 nursing program at the associate degree level for purposes
20 of expanding the faculty and facilities of such program
21 to accommodate additional students in such program.

22 “(b) **USES OF FUNDS.**—

23 “(1) **REQUIRED USE.**—A recipient of a grant
24 under this section shall use the grant funds to ex-
25 pand the number of students enrolled in the recipi-

1 ent's accredited registered nursing program, which
2 may include the uses of funds described in para-
3 graph (2).

4 “(2) OTHER ELIGIBLE USES OF FUNDS.—
5 Grants awarded under this section may be used
6 for—

7 “(A) increasing the number of nurse fac-
8 ulty and nurse faculty salaries;

9 “(B) expanding the number of qualified
10 preceptors at clinical rotation sites;

11 “(C) providing direct support for students
12 enrolled in such programs;

13 “(D) supporting partnerships with health
14 facilities for clinical training; the purchase of
15 distance learning technologies and expanding
16 methods of delivery of instruction to include al-
17 ternatives to onsite learning;

18 “(E) the collection, analysis, and dissemi-
19 nation of data on educational outcomes and
20 best practices identified through the activities
21 described in this section;

22 “(F) the purchase of simulation equipment
23 or the provision of faculty training of simula-
24 tion equipment; and

1 “(G) other capital projects necessary to
2 support 2-year nursing programs.

3 “(c) DETERMINATION OF NUMBER OF STUDENTS
4 AND APPLICATION.—Each institution of higher education
5 that offers a program described in subsection (a) that de-
6 sires to receive a grant under this section shall—

7 “(1) determine, for the 4 academic years pre-
8 ceding the academic year for which the determina-
9 tion is made, the average number of matriculated
10 nursing program students in the institution’s accred-
11 ited registered nursing program at the associate de-
12 gree level for such academic years, within 150 per-
13 cent of normal time for completion; and

14 “(2) submit an application to the Secretary at
15 such time, in such manner, and accompanied by
16 such information as the Secretary may require, in-
17 cluding the average number determined under para-
18 graph (1).

19 “(d) GRANT AMOUNT; AWARD BASIS.—

20 “(1) GRANT AMOUNT.—For each academic year
21 after academic year 2023–2024, the Secretary is au-
22 thorized to provide to each institution of higher edu-
23 cation awarded a grant under this section an
24 amount that is not less than \$100,000.

25 “(2) DISTRIBUTION OF GRANTS.—

1 “(A) IN GENERAL.—The Secretary shall
2 use funds available to award grants under this
3 section for each fiscal year to award grants to
4 public institutions of higher education at which
5 the highest degree that is predominantly award-
6 ed to students is an associate’s degree and
7 other public institutions of higher education (as
8 defined in section 101 of the Higher Education
9 Act of 1965 (20 U.S.C. 1001)), that offer an
10 accredited registered nursing program at the
11 associate degree level for the purpose of ex-
12 panding such programs.

13 “(B) CONSIDERATIONS IN MAKING
14 AWARDS.—In awarding grants under this sec-
15 tion, the Secretary shall consider the following:

16 “(i) GEOGRAPHIC DISTRIBUTION.—
17 Providing an equitable geographic distribu-
18 tion of such grants.

19 “(ii) URBAN AND RURAL AREAS.—
20 Distributing such grants to urban and
21 rural areas.

22 “(iii) RANGE AND TYPE OF INSTITU-
23 TION.—Ensuring that the activities to be
24 assisted are developed for a range of types
25 and sizes of institutions of higher edu-

1 cation, including institutions that provide
2 on-site learning.

3 “(iv) MINORITY-SERVING INSTITU-
4 TIONS.—Providing a priority to minority-
5 serving institutions, as defined in section
6 371(a) of the Higher Education Act of
7 1965.

8 “(e) DEFINITION.—For purposes of this section, the
9 term ‘health facility’ means an Indian health service cen-
10 ter, a Native Hawaiian health center, a Federally qualified
11 health center, a rural health clinic, a nursing home, a
12 home health agency, a hospice program, a public health
13 clinic, a State or local department of public health, a
14 skilled nursing facility, or an ambulatory surgical center.

15 “(f) PROHIBITION.—

16 “(1) IN GENERAL.—Funds provided under this
17 section may not be used for the construction of new
18 facilities.

19 “(2) RULE OF CONSTRUCTION.—Nothing in
20 paragraph (1) shall be construed to prohibit funds
21 provided under this section from being used for the
22 repair or renovation of facilities.

23 “(g) APPROPRIATIONS.—There is appropriated, out
24 of any money in the Treasury not otherwise appropriated,
25 to the Secretary to carry out this section \$400,000,000

1 for each of fiscal years 2024 through 2028, to remain
2 available until expended.”.

3 **SEC. 302. NURSE FACULTY LOAN PROGRAM.**

4 Section 846A of the Public Health Service Act (42
5 U.S.C. 297n–1) is amended by adding at the end the fol-
6 lowing:

7 “(f) **ADDITIONAL FUNDING.**—To carry out this sec-
8 tion, in addition to amounts otherwise made available, in-
9 cluding under section 871(b), there are appropriated, out
10 of amounts in the Treasury not otherwise appropriated,
11 \$57,000,000 for each of fiscal years 2024 through 2028,
12 to remain available until expended.”.

13 **SEC. 303. NURSE CORPS SCHOLARSHIP AND LOAN REPAY-**
14 **MENT PROGRAM.**

15 Section 846 of the Public Health Service Act (42
16 U.S.C. 297n) is amended by adding at the end the fol-
17 lowing:

18 “(f) **ADDITIONAL FUNDING.**—To carry out this sec-
19 tion, in addition to amounts otherwise made available, in-
20 cluding under section 871(b), there are appropriated, out
21 of amounts in the Treasury not otherwise appropriated,
22 \$277,800,000 for each of fiscal years 2024 through 2028,
23 to remain available until expended.”.

1 **SEC. 304. GRANTS FOR FAMILY NURSE PRACTITIONER**
2 **TRAINING PROGRAMS.**

3 Section 5316 of the Patient Protection and Afford-
4 able Care Act (42 U.S.C. 296j-1) is amended—

5 (1) in the section heading, by striking “**DEM-**
6 **ONSTRATION**”;

7 (2) in subsection (a), by striking “demonstra-
8 tion”;

9 (3) in subsection (d)—

10 (A) in paragraph (1)(B), by striking “and”
11 at the end;

12 (B) by redesignating paragraph (2) as
13 paragraph (3); and

14 (C) by inserting after paragraph (1) the
15 following:

16 “(2)(A) in the case of an entity that does not
17 have an established training program for nurse prac-
18 titioners at the time of the application, demonstrate
19 plans to establish a new training program for nurse
20 practitioners; or

21 “(B) in the case of an entity that has an estab-
22 lished training program for nurse practitioners at
23 the time of the application, demonstrate plans to use
24 the grant under this section to offer not fewer than
25 4 additional positions for new nurse practitioners to
26 participate in such program; and”;

1 (4) in subsection (g), by striking “not to exceed
2 \$600,000” and inserting “that is not less than
3 \$1,000,000”; and

4 (5) by amending subsection (i) to read as fol-
5 lows:

6 “(i) FUNDING.—To carry out this section, there are
7 appropriated, out of amounts in the Treasury not other-
8 wise appropriated, \$50,000,000 for each of fiscal years
9 2024 through 2028, to remain available until expended.”.

10 **SEC. 305. NURSING EDUCATION ENHANCEMENT AND MOD-
11 ERNIZATION GRANTS IN UNDERSERVED
12 AREAS.**

13 (a) IN GENERAL.—Part D of title VIII of the Public
14 Health Service Act (42 U.S.C. 296p et seq.), as amended
15 by section 301, is further amended by adding at the end
16 the following:

17 **“SEC. 833. NURSING EDUCATION ENHANCEMENT AND MOD-
18 ERNIZATION GRANTS IN UNDERSERVED
19 AREAS.**

20 “(a) IN GENERAL.—The Secretary, acting through
21 the Administrator of the Health Resources and Services
22 Administration—

23 “(1) shall award grants to schools of nursing at
24 institutions of higher education (as defined in sec-
25 tion 101 of the Higher Education Act of 1965)—

1 “(A) for increasing the number of faculty
2 and students at such schools; and

3 “(B) for the enhancement and moderniza-
4 tion of nursing education programs; and

5 “(2) may award grants to schools of nursing for
6 supporting career advancement for nurses and nurse
7 faculty.

8 “(b) ELIGIBILITY.—To be eligible to receive a grant
9 under this section, a school of nursing shall agree to—

10 “(1) increase faculty wages to a level that is not
11 less than the average salary paid to clinical nurses
12 with the same level of education as the faculty mem-
13 ber, in the applicable geographical area; and

14 “(2) increase enrollment in the school of nurs-
15 ing by at least 20 percent over the 5-year period be-
16 ginning on the date of receipt of the grant.

17 “(c) PRIORITY.—In selecting grant recipients under
18 this section, the Secretary shall give priority to schools of
19 nursing that—

20 “(1) are located in, or prepare students to prac-
21 tice in, a medically underserved area (as defined in
22 section 330I(a));

23 “(2) are located in, or prepare students to prac-
24 tice in, a health professional shortage area as de-
25 fined under section 332(a);

1 “(3) are minority-serving institutions of higher
2 education described in section 371(a) of the Higher
3 Education Act of 1965; or

4 “(4) are located in, or prepare students to prac-
5 tice in, a rural area.

6 “(d) CONSIDERATION.—In awarding grants under
7 this section, the Secretary, to the extent practicable, may
8 ensure equitable distribution of awards among the geo-
9 graphic regions of the United States.

10 “(e) USE OF FUNDS.—A school of nursing that re-
11 ceives a grant under this section shall use the funds
12 awarded through such grant for activities that include—

13 “(1) enhancing enrollment and retention of stu-
14 dents at such school using evidence-based practices,
15 with a priority for students from disadvantaged
16 backgrounds (including racial or ethnic groups
17 underrepresented in the nursing workforce), individ-
18 uals from rural and underserved areas, low-income
19 individuals, and first generation college students (as
20 defined in section 402A(h)(3) of the Higher Edu-
21 cation Act of 1965), including through mentorship
22 programs, providing tools and programming for
23 underrepresented students, and addressing other
24 student needs;

1 “(2) retaining current faculty, and hiring new
2 faculty, with an emphasis on faculty from racial or
3 ethnic groups who are underrepresented in the nurs-
4 ing workforce;

5 “(3) partnering with a health care facility,
6 nurse-managed health clinic, community health cen-
7 ter, or other facility that provides health care in
8 order to provide educational opportunities for the
9 purpose of establishing or expanding clinical edu-
10 cation;

11 “(4) modernizing infrastructure at such school,
12 including audiovisual or other equipment, simulation
13 and augmented reality resources, telehealth tech-
14 nologies, and virtual and physical laboratories;

15 “(5) creating, supporting, or modernizing edu-
16 cational programs and curriculum at such school;

17 “(6) enhancing and expanding nursing pro-
18 grams that prepare nurse researchers and scientists;

19 “(7) establishing nurse-led intradisciplinary and
20 interprofessional educational partnerships;

21 “(8) supporting registered nurses in pursuit of
22 baccalaureate or advanced nursing degrees with a
23 goal of becoming nurse faculty; or

1 “(9) other activities that the Secretary deter-
2 mines further the development, improvement, and
3 expansion of schools of nursing.

4 “(f) REPORTS FROM ENTITIES.—Each school of
5 nursing awarded a grant under this section shall submit
6 an annual report to the Secretary on the activities con-
7 ducted under such grant, and other information as the
8 Secretary may require.

9 “(g) REPORT TO CONGRESS.—Not later than 5 years
10 after the date of the enactment of this section, the Sec-
11 retary shall submit to the Committee on Health, Edu-
12 cation, Labor, and Pensions of the Senate and the Com-
13 mittee on Energy and Commerce of the House of Rep-
14 resentatives a report that provides a summary of the ac-
15 tivities and outcomes associated with grants made under
16 this section. Such report shall include—

17 “(1) a list of schools of nursing receiving grants
18 under this section, including the primary geographic
19 location of any school of nursing that was improved
20 or expanded through such a grant;

21 “(2) the total number of students who are en-
22 rolled at or who have graduated from any school of
23 nursing, within 150 percent of normal time to com-
24 pletion, that was improved or expanded through a
25 grant under this section, which such statistic shall—

1 “(A) to the extent such information is
2 available, be deidentified and disaggregated by
3 race, ethnicity, age, sex, geographic region, dis-
4 ability status, and other relevant factors; and

5 “(B) include an indication of the number
6 of such students who are from racial or ethnic
7 groups underrepresented in the nursing work-
8 force, such students who are from rural or un-
9 derserved areas, such students who are low-in-
10 come students, and such students who are first
11 generation college students (as defined in sec-
12 tion 402A(h)(3) of the Higher Education Act of
13 1965);

14 “(3) to the extent such information is available,
15 the effects of the grants awarded under this section
16 on retaining and hiring of faculty, including any in-
17 crease in diverse faculty, the number of clinical edu-
18 cation partnerships, the modernization of nursing
19 education infrastructure, and other ways this section
20 helps strengthen the nursing workforce;

21 “(4) recommendations for improving the grants
22 awarded under this section; and

23 “(5) any other considerations as the Secretary
24 determines appropriate.

1 “(h) APPROPRIATIONS.—To carry out this section, in
2 addition to any amounts made available under section
3 871(a), there is appropriated, out of amounts in the
4 Treasury not otherwise appropriated, \$1,000,000,000 for
5 fiscal year 2024, to remain available through the end of
6 fiscal year 2028.”.

7 (b) STRENGTHENING NURSE EDUCATION.— The
8 heading of part D of title VIII of the Public Health Serv-
9 ice Act (42 U.S.C. 296p et seq.) is amended by striking
10 “**BASIC**”.

11 **SEC. 306. ADDRESSING THE MATERNITY CARE PROVIDER**
12 **SHORTAGE.**

13 (a) MIDWIFERY SCHOOLS AND PROGRAMS.—

14 (1) IN GENERAL.—Title VII of the Public
15 Health Service Act is amended by inserting after
16 section 760 of such Act (42 U.S.C. 294k) the fol-
17 lowing:

18 **“SEC. 760A. MIDWIFERY SCHOOLS AND PROGRAMS.**

19 “(a) IN GENERAL.—The Secretary may award grants
20 to institutions of higher education (as defined in sub-
21 sections (a) and (b) of section 101 of the Higher Edu-
22 cation Act of 1965) for the following:

23 “(1) Direct support of students in an accredited
24 midwifery school or program.

1 “(2) Establishment or expansion of an accred-
2 ited midwifery school or program.

3 “(3) Securing, preparing, or providing support
4 for increasing the number of, qualified preceptors
5 for training the students of an accredited midwifery
6 school or program.

7 “(b) SPECIAL CONSIDERATIONS.—In awarding
8 grants under subsection (a), the Secretary give special
9 consideration to any institution of higher education that—

10 “(1) agrees to prioritize students who plan to
11 practice in a health professional shortage area des-
12 ignated under section 332; and

13 “(2) demonstrates a focus on increasing racial
14 and ethnic minority representation in midwifery edu-
15 cation.

16 “(c) RESTRICTION.—The Secretary shall not provide
17 any assistance under this section to be used with respect
18 to a midwifery school or program within a school of nurs-
19 ing (as defined in section 801).

20 “(d) APPROPRIATIONS.—

21 “(1) IN GENERAL.—To carry out this section,
22 there is appropriated, out of amounts in the Treas-
23 ury not otherwise appropriated, \$15,000,000 for the
24 period of fiscal years 2024 through 2028, to remain
25 available until expended.

1 “(2) ALLOCATION.—Of the amounts made
2 available to carry out this section for any fiscal year,
3 the Secretary shall use—

4 “(A) 50 percent for subsection (a)(1);

5 “(B) 25 percent for subsection (a)(2); and

6 “(C) 25 percent for subsection (a)(3).”.

7 (2) DEFINITIONS.—

8 (A) MIDWIFERY SCHOOL OR PROGRAM.—

9 Section 799B(1)(A) of the Public Health Serv-
10 ice Act (42 U.S.C. 295p(1)(A)) is amended—

11 (i) by inserting “‘midwifery school or
12 program’,” before “and ‘school of chiro-
13 practic’”;

14 (ii) by inserting “a degree or certifi-
15 cate in midwifery or an equivalent degree
16 or certificate,” before “and a degree of
17 doctor of chiropractic or an equivalent de-
18 gree”; and

19 (iii) by striking “any such school” and
20 inserting “any such school or program”.

21 (B) ACCREDITED.—Section 799B(1)(E) of
22 the Public Health Service Act (42 U.S.C.
23 295p(1)(E)) is amended by inserting “or a mid-
24 wifery school or program,” before “or a grad-
25 uate program in health administration”.

1 (b) NURSE-MIDWIVES.—Title VIII of the Public
2 Health Service Act is amended by inserting after section
3 811 of that Act (42 U.S.C. 296j) the following:

4 **“SEC. 812. MIDWIFERY EXPANSION PROGRAM.**

5 “(a) IN GENERAL.—The Secretary may award grants
6 to schools of nursing for the following:

7 “(1) Direct support of students in an accredited
8 nurse-midwifery school or program.

9 “(2) Establishment or expansion of an accred-
10 ited nurse-midwifery school or program.

11 “(3) Securing, preparing, or providing support
12 for increasing the numbers of, preceptors at clinical
13 training sites to precept students training to become
14 certified nurse-midwives.

15 “(b) SPECIAL CONSIDERATIONS.—In awarding
16 grants under subsection (a), the Secretary give special
17 consideration to any school of nursing that—

18 “(1) agrees to prioritize students who choose to
19 pursue an advanced education degree in nurse-mid-
20 wifery to practice in a health professional shortage
21 area designated under section 332; and

22 “(2) demonstrates a focus on increasing racial
23 and ethnic minority representation in nurse-mid-
24 wifery education.

25 “(c) APPROPRIATIONS.—

1 “(1) IN GENERAL.—To carry out this section,
2 in addition to any amounts made available under
3 section 871(a), there is appropriated, out of
4 amounts in the Treasury not otherwise appropriated,
5 \$20,000,000 for each of fiscal years 2024 through
6 2028, to remain available until expended.

7 “(2) ALLOCATION.—Of the amounts made
8 available to carry out this section for any fiscal year,
9 the Secretary shall use—

10 “(A) 50 percent for subsection (a)(1);

11 “(B) 25 percent for subsection (a)(2); and

12 “(C) 25 percent for subsection (a)(3).”.

13 **SEC. 307. RETURN TO WORK INCENTIVES FOR NURSES.**

14 Part D of title VIII of the Public Health Service Act
15 (42 U.S.C. 296p et seq.), as amended by section 305, is
16 further amended by adding at the end the following:

17 **“SEC. 834. RETURN TO WORK INCENTIVES FOR NURSES.**

18 “(a) IN GENERAL.—Beginning in fiscal year 2024,
19 the Secretary, acting through the Administrator of the
20 Health Resources and Services Administration, shall es-
21 tablish a program to incentivize licensed nurses to return
22 to the clinical workforce.

23 “(b) ELIGIBILITY; AWARDS.—A licensed nurse who
24 has been out of the clinical workforce for at least 2 years,
25 and who agrees to return to work full-time in a nonprofit

1 health facility in an underserved community shall be eligi-
2 ble to receive an award in the amount of \$20,000 upon
3 fulfilling a 2-year service commitment at such health facil-
4 ity.

5 “(c) DEFINITION.—In this section, the term ‘health
6 facility’ means an Indian health service center, a Native
7 Hawaiian health center, a nonprofit hospital, a Federally
8 qualified health center, a rural health clinic, a nursing
9 home, a home health agency, a hospice program, a public
10 health clinic, a State or local department of public health,
11 a skilled nursing facility, or an ambulatory surgical center.

12 “(d) FUNDING.—To carry out this section, in addi-
13 tion to amounts available under section 871, there are ap-
14 propriated, out of amounts in the Treasury not otherwise
15 appropriated, \$100,000,000 for each of fiscal years 2024
16 through 2028, to remain available until expended.”.

17 **TITLE IV—EXPANDING THE NUM-**
18 **BER OF DENTISTS IN AMER-**
19 **ICA**

20 **SEC. 401. STATE ORAL HEALTH WORKFORCE IMPROVE-**
21 **MENT GRANT PROGRAM.**

22 Subsection (f) of section 340G of the Public Health
23 Service Act (42 U.S.C. 256g) is amended to read as fol-
24 lows:

1 “(f) APPROPRIATIONS.—To carry out this section,
2 there is appropriated, out of amounts in the Treasury not
3 otherwise appropriated, \$29,800,000 for each of fiscal
4 years 2024 through 2028, to remain available until ex-
5 pended.”.

6 **SEC. 402. ORAL HEALTH TRAINING PROGRAMS.**

7 Subsection (f) of section 748 of the Public Health
8 Service Act (42 U.S.C. 293k-2) is amended to read as
9 follows:

10 “(f) APPROPRIATIONS.—To carry out this section,
11 there is appropriated, out of amounts in the Treasury not
12 otherwise appropriated, \$55,400,000 for each of fiscal
13 years 2024 through 2028, to remain available until ex-
14 pended.”.

15 **TITLE V—EXPANDING THE BE-**
16 **HAVIORAL HEALTH WORK-**
17 **FORCE, DIRECT CARE WORK-**
18 **FORCE, AND THE NUMBER OF**
19 **FAMILY CAREGIVERS IN**
20 **AMERICA**

21 **SEC. 501. MENTAL AND BEHAVIORAL HEALTH EDUCATION**
22 **AND TRAINING GRANTS.**

23 Section 756(f) of the Public Health Service Act (42
24 U.S.C. 294e-1(f)) is amended to read as follows:

25 “(f) APPROPRIATIONS.—

1 “(1) IN GENERAL.—To carry out this section,
2 there are appropriated, out of amounts in the Treas-
3 ury not otherwise appropriate, \$387,000,000 for
4 each of fiscal years 2024 through 2028, to remain
5 available until expended.

6 “(2) INCREASING RETENTION.—Of the amount
7 appropriated under paragraph (1) for a fiscal year,
8 not less than 10 percent shall be allocated to awards
9 to eligible institutions for purposes of increasing re-
10 tention in behavioral health workforce programs.”.

11 **SEC. 502. MENTAL HEALTH PROFESSIONALS WORKFORCE**
12 **SHORTAGE LOAN REPAYMENT ACT.**

13 (a) SHORT TITLE.—This section may be cited as the
14 “Mental Health Professionals Workforce Shortage Loan
15 Repayment Act of 2023”.

16 (b) PROGRAM.—Title VII of the Public Health Serv-
17 ice Act is amended—

18 (1) by redesignating part G (42 U.S.C. 295j et
19 seq.) as part H; and

20 (2) by inserting after part F (42 U.S.C. 294n
21 et seq.) the following:

1 **“PART G—MENTAL HEALTH PROFESSIONALS IN**
2 **WORKFORCE SHORTAGE**
3 **“SEC. 783. LOAN REPAYMENT PROGRAM FOR MENTAL**
4 **HEALTH PROFESSIONALS IN WORKFORCE**
5 **SHORTAGES.**

6 “(a) IN GENERAL.—The Secretary, acting through
7 the Administrator of the Health Resources and Services
8 Administration, shall carry out a program under which—

9 “(1) the Secretary enters into agreements with
10 individuals to make payments in accordance with
11 subsection (b) on the principal of and interest on
12 any eligible loan; and

13 “(2) the individuals each agree to complete a
14 period of service in a mental health professional
15 shortage area.

16 “(b) PAYMENTS.—For each year of obligated service
17 by an individual pursuant to an agreement under sub-
18 section (a), the Secretary shall make a payment to such
19 individual as follows:

20 “(1) SERVICE IN A SHORTAGE AREA.—The Sec-
21 retary shall pay—

22 “(A) for each year of obligated service by
23 an individual pursuant to an agreement under
24 subsection (a), $\frac{1}{6}$ of the principal of and inter-
25 est on each eligible loan of the individual which

1 is outstanding on the date the individual began
2 service pursuant to the agreement; and

3 “(B) for completion of the sixth and final
4 year of such service, the remainder of such
5 principal and interest.

6 “(2) MAXIMUM AMOUNT.—The total amount of
7 payments under this section to any individual shall
8 not exceed \$250,000.

9 “(c) ELIGIBLE LOANS.—The loans eligible for repay-
10 ment under this section are each of the following:

11 “(1) Any loan for education in mental health or
12 a related field leading to a master’s degree, leading
13 to a doctoral degree, or consisting of post-doctoral
14 study.

15 “(2) Any Federal Direct Stafford Loan, Fed-
16 eral Direct PLUS Loan, or Federal Direct Unsub-
17 sidized Stafford Loan, or Federal Direct Consolida-
18 tion Loan (as such terms are used in section 455 of
19 the Higher Education Act of 1965).

20 “(3) Any Federal Perkins Loan under part E
21 of title I of the Higher Education Act of 1965.

22 “(4) Any other Federal loan as determined ap-
23 propriate by the Secretary.

24 “(d) PERIOD OF SERVICE.—The period of service re-
25 quired by an agreement under subsection (a) shall consist

1 of up to 6 years of full-time employment, with no more
2 than one year passing between any two years of covered
3 employment, as a mental health professional in the United
4 States in a mental health professional shortage area.

5 “(e) INELIGIBILITY FOR DOUBLE BENEFITS.—No
6 borrower may, for the same service, receive a reduction
7 of loan obligations or a loan repayment under both—

8 “(1) this subsection; and

9 “(2) any federally supported loan forgiveness
10 program, including under section 338B, 338I, or
11 846 of this Act, or section 428J, 428L, 455(m), or
12 460 of the Higher Education Act of 1965.

13 “(f) BREACH.—

14 “(1) LIQUIDATED DAMAGES FORMULA.—The
15 Secretary may establish a liquidated damages for-
16 mula to be used in the event of a breach of an
17 agreement entered into under subsection (a).

18 “(2) LIMITATION.—The failure by an individual
19 to complete the full period of service obligated pur-
20 suant to such an agreement, taken alone, shall not
21 constitute a breach of the agreement, so long as the
22 individual completed in good faith the years of serv-
23 ice for which payments were made to the individual
24 under this section.

25 “(g) ADDITIONAL CRITERIA.—The Secretary—

1 “(1) may establish such criteria and rules to
2 carry out this section as the Secretary determines
3 are needed and in addition to the criteria and rules
4 specified in this section; and

5 “(2) shall give notice to the committees speci-
6 fied in subsection (h) of any criteria and rules so es-
7 tablished.

8 “(h) REPORT TO CONGRESS.—Not later than 5 years
9 after the date of enactment of this section, and every other
10 year thereafter, the Secretary shall prepare and submit
11 to the Committee on Energy and Commerce of the House
12 of Representatives and the Committee on Health, Edu-
13 cation, Labor, and Pensions of the Senate a report on—

14 “(1) the number and location of borrowers who
15 have qualified for loan repayments under this sec-
16 tion; and

17 “(2) the impact of this section on the avail-
18 ability of mental health services in mental health
19 professional shortage areas.

20 “(i) DEFINITION.—In this section:

21 “(1) The term ‘mental health professional’
22 means a full-time job (including a fellowship) where
23 the primary intent and function of the job is the di-
24 rect treatment or recovery support of patients with
25 or in recovery from a mental health disorder, such

1 as a physician (MD or DO), psychiatric nurse, social
2 worker, marriage and family therapist, mental
3 health counselor, occupational therapist, psycholo-
4 gist, psychiatrist, child and adolescent psychiatrist,
5 or neurologist.

6 “(2) The term ‘mental health professional
7 shortage area’ means—

8 “(A) an area designated under section 332
9 with respect to a shortage of mental health pro-
10 fessionals; or

11 “(B) any facility, program, center, or clinic
12 as determined appropriate by the Secretary for
13 purposes of this section because of a shortage
14 of mental health professionals, including private
15 physician practices and other medical facilities
16 designated under section 332(a) as having such
17 a shortage.

18 “(j) FUNDING.—To carry out this section, there are
19 appropriated \$25,000,000 for each of fiscal years 2024
20 through 2028.”.

21 **SEC. 503. HEALTH CARE CAPACITY FOR PEDIATRIC MEN-**
22 **TAL HEALTH ACT.**

23 (a) SHORT TITLE.—This section may be cited as the
24 “Health Care Capacity for Pediatric Mental Health Act
25 of 2023”.

1 (b) PROGRAMS TO SUPPORT PEDIATRIC MENTAL,
2 EMOTIONAL, BEHAVIORAL, AND SUBSTANCE USE DIS-
3 ORDER HEALTH CARE.—Subpart V of part D of title III
4 of the Public Health Service Act (42 U.S.C. 256 et seq.)
5 is amended by adding at the end the following:

6 **“SEC. 340A-1. PROGRAM TO SUPPORT PEDIATRIC MENTAL,**
7 **EMOTIONAL, BEHAVIORAL, AND SUBSTANCE**
8 **USE DISORDER HEALTH CARE INTEGRATION**
9 **AND COORDINATION.**

10 “(a) IN GENERAL.—The Secretary, acting through
11 the Administrator of the Health Resources and Services
12 Administration, in consultation with the Assistant Sec-
13 retary for Mental Health and Substance Use, shall award
14 grants, contracts, or cooperative agreements to eligible en-
15 tities for the purpose of supporting pediatric mental, emo-
16 tional, behavioral, and substance use disorder health care
17 integration and coordination to meet local community
18 needs in underserved and high-need communities.

19 “(b) ELIGIBLE ENTITIES.—Entities eligible for
20 grants under subsection (a) include—

21 “(1) children’s hospitals;

22 “(2) facilities that provide trauma-informed,
23 culturally-sensitive, linguistically-inclusive, develop-
24 mentally-appropriate intensive pediatric mental,
25 emotional, behavioral, or substance use disorder

1 health services in partial hospital, day treatment, in-
2 tensive outpatient program, or walk-in crisis assess-
3 ment program settings; and

4 “(3) other entities providing trauma-informed,
5 culturally-sensitive, linguistically-inclusive, develop-
6 mentally-appropriate intensive pediatric mental,
7 emotional, behavioral, or substance use disorder
8 health services, as the Secretary determines appro-
9 priate.

10 “(c) PRIORITIZATION.—In making awards under sub-
11 section (a), the Secretary shall prioritize—

12 “(1) applicants that demonstrate plans to uti-
13 lize funds to expand access to integrated care and
14 care coordination for the prevention, screening, as-
15 sessment, and treatment of pediatric mental health
16 disorders, eating disorders, developmental disorders,
17 and substance use disorders in high-need, rural, or
18 underserved communities;

19 “(2) applicants that demonstrate plans to co-
20 ordinate with and complement initiatives to improve
21 pediatric mental health and substance use disorder
22 care implemented through other Federal programs;
23 and

24 “(3) applicants that demonstrate a significant
25 role in care for children in the region.

1 “(d) USE OF FUNDS.—Activities that may be funded
2 through an award under subsection (a) include—

3 “(1) increasing the capacity of eligible entities
4 to integrate trauma-informed, culturally-sensitive,
5 linguistically-inclusive, developmentally-appropriate
6 pediatric mental, emotional, behavioral, and sub-
7 stance use disorder health services, including
8 through telehealth access to, and co-location of,
9 mental, emotional, behavioral, and substance use
10 disorder health providers;

11 “(2) facilitating access to trauma-informed, cul-
12 turally-sensitive, linguistically-inclusive, develop-
13 mentally-appropriate intensive pediatric mental,
14 emotional, behavioral, or substance use disorder
15 health services in partial hospital, day treatment, in-
16 tensive outpatient program, or walk-in crisis assess-
17 ment program settings, in order to prevent hos-
18 pitalizations and support children as they transition
19 back to their homes and communities;

20 “(3) supporting the collection of data on pedi-
21 atric mental, emotional, behavioral, and substance
22 use disorder health care needs, service utilization
23 and availability, and demographic data, to identify
24 unmet needs and barriers in access to care, in a

1 manner that protects personal privacy, consistent
2 with applicable Federal and State privacy laws;

3 “(4) establishing or maintaining community-
4 based pediatric mental health and substance use dis-
5 order partnerships, such as partnerships with local
6 educational agencies, early childhood education pro-
7 grams, community-based organizations, and commu-
8 nity-based mental health and substance use disorder
9 care providers, to address identified gaps in access
10 to care; and

11 “(5) training for non-clinical pediatric health
12 care workers, including care coordinators, commu-
13 nity health workers, and navigators, on providing
14 trauma-informed, culturally-sensitive, linguistically-
15 inclusive, developmentally-appropriate care for pedi-
16 atric mental health disorders, eating disorders, de-
17 velopmental disorders, and substance use disorders,
18 and on local resources to support children and their
19 caregivers.

20 “(e) FUNDING.—To carry out this section, there is
21 appropriated, out of amounts in the Treasury not other-
22 wise appropriated, such sums as may be necessary for
23 each of fiscal years 2024 through 2028, to remain avail-
24 able until expended.

1 **“SEC. 340A-2. PEDIATRIC MENTAL, EMOTIONAL, BEHAV-**
2 **IORAL, AND SUBSTANCE USE DISORDER**
3 **HEALTH WORKFORCE TRAINING PROGRAM.**

4 “(a) IN GENERAL.—The Secretary, acting through
5 the Administrator of the Health Resources and Services
6 Administration, in consultation with the Assistant Sec-
7 retary for Mental Health and Substance Use and the Ad-
8 ministrator of the Centers for Medicare & Medicaid Serv-
9 ices, shall award grants, contracts, or cooperative agree-
10 ments to eligible entities for the purpose of supporting evi-
11 dence-based pediatric mental, emotional, behavioral, and
12 substance use disorder health workforce training.

13 “(b) ELIGIBLE ENTITIES.—Entities eligible for
14 grants under subsection (a) include—

15 “(1) children’s hospitals;

16 “(2) facilities that provide trauma-informed,
17 culturally-sensitive, linguistically-inclusive, develop-
18 mentally-appropriate intensive pediatric mental,
19 emotional, behavioral, or substance use disorder
20 health services in partial hospital, day treatment, in-
21 tensive outpatient program, or walk-in crisis assess-
22 ment program settings, that can prevent hospitaliza-
23 tions and support children as they transition back to
24 their homes and communities; and

25 “(3) other entities providing trauma-informed,
26 culturally-sensitive, linguistically-inclusive, develop-

1 mentally-appropriate intensive pediatric mental,
2 emotional, behavioral, or substance use disorder
3 health services, as the Secretary determines appro-
4 priate.

5 “(c) PRIORITIZATION.—In making awards under sub-
6 section (a), the Secretary shall prioritize applicants that
7 serve high-need, rural, or underserved communities, and
8 that demonstrate plans to utilize funds to expand access
9 to prevention, screening, assessment, and treatment of pe-
10 diatric mental health disorders, eating disorders, develop-
11 mental disorders, and substance use disorders.

12 “(d) USE OF FUNDS.—Activities that may be sup-
13 ported through an award under subsection (a) include ex-
14 panded training to enhance the capabilities of the existing
15 workforce, including primary care providers, pediatricians,
16 psychiatrists, psychologists, nurses, social workers, coun-
17 selors, and other health care providers, as the Secretary
18 determines appropriate, to provide trauma-informed, cul-
19 turally-sensitive, linguistically-inclusive, developmentally-
20 appropriate care for pediatric mental health disorders, eat-
21 ing disorders, developmental disorders, and substance use
22 disorders.

23 “(e) REPORTING.—

24 “(1) REPORTS FROM AWARD RECIPIENTS.—Not
25 later than 180 days after the completion of activities

1 funded by an award under this section, the entity
2 that received such award shall submit a report to
3 the Secretary on the activities conducted using funds
4 from such award, and other information as the Sec-
5 retary may require.

6 “(2) REPORTS TO CONGRESS.—Not later than
7 180 days after receiving reports from all award re-
8 cipients, the Secretary shall submit to the Com-
9 mittee on Health, Education, Labor, and Pensions
10 of the Senate and the Committee on Energy and
11 Commerce of the House of Representatives a report
12 on the projects and activities conducted with funds
13 awarded under this section, and the outcome of such
14 projects and activities. Such report shall include—

15 “(A) the number of projects supported by
16 awards made under this section;

17 “(B) an overview of the impact, if any, of
18 such projects on access to pediatric mental,
19 emotional, behavioral, and substance use dis-
20 order health services;

21 “(C) recommendations for improving the
22 investment program under this section; and

23 “(D) any other considerations as the Sec-
24 retary determines appropriate.

1 “(f) FUNDING.—To carry out this section, there is
2 appropriated, out of amounts in the Treasury not other-
3 wise appropriated, such sums as may be necessary for
4 each of fiscal years 2024 through 2028, to remain avail-
5 able until expended.”.

6 (c) INCREASING FEDERAL INVESTMENT IN PEDI-
7 ATRIC MENTAL, EMOTIONAL, BEHAVIORAL, AND SUB-
8 STANCE USE DISORDER HEALTH SERVICES.—The Public
9 Health Service Act (42 U.S.C. 201 et seq.) is amended
10 by adding at the end the following:

11 **“TITLE XXXIV—ASSISTANCE FOR**
12 **MODERNIZATION OF PEDI-**
13 **ATRIC MENTAL, EMOTIONAL,**
14 **BEHAVIORAL, AND SUB-**
15 **STANCE USE DISORDER**
16 **HEALTH CARE INFRASTRUC-**
17 **TURE**

18 **“SEC. 3401. INCREASING FEDERAL INVESTMENT IN PEDI-**
19 **ATRIC MENTAL, EMOTIONAL, BEHAVIORAL,**
20 **AND SUBSTANCE USE DISORDER HEALTH**
21 **SERVICES.**

22 “(a) IN GENERAL.—The Secretary, acting through
23 the Administrator of the Health Resources and Services
24 Administration, in consultation with the Assistant Sec-
25 retary for Mental Health and Substance Use, shall award

1 grants, contracts, or cooperative agreements to eligible en-
2 tities for the purpose of improving their ability to provide
3 trauma-informed, culturally-sensitive, linguistically-inclu-
4 sive, developmentally-appropriate pediatric mental, emo-
5 tional, behavioral, and substance use disorder health serv-
6 ices, including by—

7 “(1) constructing or modernizing sites of care
8 for trauma-informed, culturally-sensitive, linguis-
9 tically-inclusive, developmentally-appropriate pedi-
10 atric mental, emotional, behavioral, and substance
11 use disorder health services;

12 “(2) expanding capacity to provide trauma-in-
13 formed, culturally-sensitive, linguistically-inclusive,
14 developmentally-appropriate pediatric mental, emo-
15 tional, behavioral, or substance use disorder health
16 services, including enhancements to digital infra-
17 structure, telehealth capabilities, or other improve-
18 ments to patient care infrastructure; and

19 “(3) supporting the reallocation of existing re-
20 sources to accommodate pediatric mental, emotional,
21 and behavioral health and substance use disorder pa-
22 tients, including by converting or adding sufficient
23 capacity to establish or increase the entity’s inven-
24 tory of licensed and operational, trauma-informed,
25 culturally-sensitive, linguistically-inclusive, develop-

1 mentally-appropriate intensive pediatric mental,
2 emotional, behavioral, and substance use disorder
3 health care programs, such as partial hospital, day
4 treatment, intensive outpatient programs, or walk-in
5 crisis assessment programs, in order to prevent hos-
6 pitalizations and support children as they transition
7 back to their homes and communities.

8 “(b) ELIGIBLE ENTITIES.—Entities eligible for
9 grants under subsection (a) include—

10 “(1) children’s hospitals;

11 “(2) facilities that provide trauma-informed,
12 culturally-sensitive, linguistically-inclusive, develop-
13 mentally-appropriate intensive pediatric mental,
14 emotional, behavioral, or substance use disorder
15 health services in partial hospital, day treatment, in-
16 tensive outpatient program, or walk-in crisis assess-
17 ment program settings, that can prevent hospitaliza-
18 tions and support children as they transition back to
19 their homes and communities; and

20 “(3) other entities providing trauma-informed,
21 culturally-sensitive, linguistically-inclusive, develop-
22 mentally-appropriate intensive pediatric mental,
23 emotional, behavioral, or substance use disorder
24 health services, as the Secretary determines appro-
25 priate.

1 “(c) PRIORITIZATION.—In making awards under sub-
2 section (a), the Secretary shall prioritize applicants that
3 serve high-need, rural, or underserved communities, and
4 that demonstrate plans to utilize funds to expand access
5 to prevention, screening, assessment, and treatment of pe-
6 diatric mental health disorders, eating disorders, develop-
7 mental disorders, and substance use disorders.

8 “(d) SUPPLEMENT, NOT SUPPLANT.—Funds pro-
9 vided under this section shall be used to supplement, and
10 not supplant, Federal and non-Federal funds available for
11 carrying out the activities described in this section.

12 “(e) REPORTING.—

13 “(1) REPORTS FROM AWARD RECIPIENTS.—Not
14 later than 180 days after the completion of activities
15 funded by an award under this section, the entity
16 that received such award shall submit a report to
17 the Secretary on the activities conducted using funds
18 from such award, and other information as the Sec-
19 retary may require.

20 “(2) REPORTS TO CONGRESS.—Not later than
21 180 days after receiving reports from all award re-
22 cipients under paragraph (1), the Secretary shall
23 submit to the Committee on Health, Education,
24 Labor, and Pensions of the Senate and the Com-
25 mittee on Energy and Commerce of the House of

1 Representatives a report on the projects and activi-
2 ties conducted with funds awarded under this sec-
3 tion, and the outcome of such projects and activities.

4 Such report shall include—

5 “(A) the number of projects supported by
6 awards made under this section;

7 “(B) an overview of the impact, if any, of
8 such projects on pediatric health care infra-
9 structure, including any impact on access to pe-
10 diatric mental, emotional, behavioral, and sub-
11 stance use disorder health services;

12 “(C) recommendations for improving the
13 investment program under this section; and

14 “(D) any other considerations as the Sec-
15 retary determines appropriate.

16 “(f) FUNDING.—To carry out this section, there is
17 appropriated, out of amounts in the Treasury not other-
18 wise appropriated, such sums as may be necessary for
19 each of fiscal years 2024 through 2028, to remain avail-
20 able until expended.”.

21 **SEC. 504. DIRECT CARE WORKFORCE AND FAMILY CARE-**
22 **GIVERS.**

23 (a) DEFINITIONS.—In this section:

24 (1) APPRENTICESHIP PROGRAM.—The term
25 “apprenticeship program” means an apprenticeship

1 program registered under the Act of August 16,
2 1937 (commonly known as the “National Appren-
3 ticeship Act”; 50 Stat. 664, chapter 663; 29 U.S.C.
4 50 et seq.), including any requirement, standard, or
5 rule promulgated under such Act.

6 (2) COMMUNITY COLLEGE.—The term “commu-
7 nity college” means—

8 (A) a degree-granting public institution of
9 higher education (as defined in section 101 of
10 the Higher Education Act of 1965) at which—

11 (i) the highest degree awarded is an
12 associate degree; or

13 (ii) an associate degree is the most
14 frequently awarded degree;

15 (B) a 2-year Tribal College or University
16 (as defined in section 316(b)(3) of the Higher
17 Education Act of 1965);

18 (C) a degree-granting Tribal College or
19 University (as defined in section 316(b)(3) of
20 the Higher Education Act of 1965) at which—

21 (i) the highest degree awarded is an
22 associate degree; or

23 (ii) an associate degree is the most
24 frequently awarded degree; or

1 (D) a branch campus of a 4-year public in-
2 stitution of higher education (as defined in sec-
3 tion 101 of the Higher Education Act of 1965),
4 if, at such branch campus—

5 (i) the highest degree awarded is an
6 associate degree; or

7 (ii) an associate degree is the most
8 frequently awarded degree.

9 (3) DIRECT CARE PROFESSIONAL.—The term
10 “direct care professional”—

11 (A) means an individual who, in exchange
12 for compensation, provides services to a person
13 with a disability or an older individual that pro-
14 motes the independence of such person or indi-
15 vidual, including—

16 (i) services that enhance the inde-
17 pendence and community inclusion for
18 such person or individual, including trav-
19 eling with such person or individual or at-
20 tending and assisting such person or indi-
21 vidual while visiting friends and family,
22 shopping, or socializing;

23 (ii) services such as coaching and sup-
24 porting such person or individual in com-
25 municating needs, achieving self-expres-

1 sion, pursuing personal goals, living inde-
2 pendently, and participating actively in em-
3 ployment or voluntary roles in the commu-
4 nity;

5 (iii) services such as providing assist-
6 ance with activities of daily living (such as
7 feeding, bathing, toileting, and ambulation)
8 and with tasks such as meal preparation,
9 shopping, light housekeeping, and laundry;

10 (iv) services that support such person
11 or individual at home, work, educational
12 settings, or in any other community set-
13 ting; or

14 (v) services that promote health and
15 wellness, including scheduling and taking
16 such person or individual to health care
17 appointments, communicating with health
18 and allied health professionals admin-
19 istering medications, implementing health
20 and behavioral health interventions and
21 treatment plans, monitoring and recording
22 health status and progress; and

23 (B) may include—

1 (i) a direct support professional sup-
2 porting people with intellectual and devel-
3 opmental disabilities;

4 (ii) a home and community-based
5 services manager or direct support profes-
6 sional manager;

7 (iii) a self-directed care worker;

8 (iv) a personal care service worker;

9 (v) a direct care worker, as defined in
10 section 799B of the Public Health Service
11 Act (42 U.S.C. 295p); or

12 (vi) any other position or job related
13 to the home care or direct care workforce,
14 such as positions or jobs in respite care or
15 palliative care, as determined by the Sec-
16 retary, in consultation with the Center for
17 Medicare & Medicaid Services and the Sec-
18 retary of Labor.

19 (4) DIRECT CARE WORKFORCE.—The term “di-
20 rect care workforce” means the broad workforce of
21 direct care professionals.

22 (5) FAMILY CAREGIVER.—The term “family
23 caregiver” has the meaning given such term in sec-
24 tion 2 of the RAISE Family Caregivers Act (42

1 U.S.C. 3030s note; Public Law 115–119) and in-
2 cludes paid and unpaid family caregivers.

3 (6) ELIGIBLE ENTITY.—The term “eligible enti-
4 ty” means an entity—

5 (A) that is—

6 (i) a State;

7 (ii) a labor organization, joint labor-
8 management organization, or employer of
9 direct care professionals;

10 (iii) a nonprofit entity with experience
11 in aging, disability, or supporting the
12 rights and interests of, training of, or edu-
13 cating direct care professionals or family
14 caregivers;

15 (iv) an Indian Tribe, Tribal organiza-
16 tion, or Urban Indian organization;

17 (v) a community college or other insti-
18 tution of higher education; or

19 (vi) a consortium of entities listed in
20 any of clauses (i) through (v);

21 (B) that agrees to include, as applicable
22 with respect to the type of grant the entity is
23 seeking under this subtitle and the activities
24 supported through such grant, older individuals,
25 people with disabilities, direct care profes-

1 sionals, and family caregivers, as advisors and
2 trainers in such activities; and

3 (C) that agrees to consult with the State
4 Medicaid agency of the State (or each State)
5 served by the grant on the grant activities, to
6 the extent that such agency (or each such agen-
7 cy) is not the eligible entity.

8 (7) EMPLOYER.—The terms “employ” and
9 “employer” have the meanings given the terms in
10 section 3 of the Fair Labor Standards Act of 1938
11 (29 U.S.C. 203 et seq.).

12 (8) INDIAN TRIBE; TRIBAL ORGANIZATION.—
13 The terms “Indian Tribe” and “Tribal organiza-
14 tion” have the meanings given such terms in section
15 4 of the Indian Self-Determination and Education
16 Assistance Act (25 U.S.C. 5304).

17 (9) INSTITUTION OF HIGHER EDUCATION.—The
18 term “institution of higher education” means—

19 (A) an institution of higher education, as
20 defined in section 101 of the Higher Education
21 Act of 1965 (20 U.S.C. 1001); or

22 (B) a postsecondary vocational institution,
23 as defined in section 102(e) of such Act (20
24 U.S.C. 1002(e)).

1 (10) OLDER INDIVIDUAL.—The term “older in-
2 dividual” means an individual who is 60 years of age
3 or older.

4 (11) PERSON WITH A DISABILITY.—The term
5 “person with disability” means an individual with a
6 disability, as defined in section 3 of the Americans
7 with Disabilities Act of 1990 (42 U.S.C. 12102).

8 (12) PROJECT PARTICIPANT.—The term
9 “project participant” means an individual partici-
10 pating in a project or activity assisted with a grant
11 under this subtitle, including (as applicable for the
12 category of the grant) a direct care professional, or
13 an individual training to be such a professional, or
14 a family caregiver.

15 (13) SECRETARY.—The term “Secretary”
16 means the Secretary of Health and Human Services,
17 acting through the Administrator for Community
18 Living.

19 (14) SELF-DIRECTED CARE PROFESSIONAL.—
20 The term “self-directed care professional” means a
21 direct care professional who is employed by an indi-
22 vidual who is an older individual, a person with a
23 disability, or a representative of such older indi-
24 vidual or person with a disability, and such older in-
25 dividual or person with a disability has the decision-

1 making authority over certain supports and services
2 provided by the direct care professional and takes di-
3 rect responsibility to manage those supports and
4 services.

5 (15) SUPPORTIVE SERVICES.—The term “sup-
6 portive services” means services that are necessary
7 to enable an individual to participate in activities as-
8 sisted with a grant under this subtitle, such as
9 transportation, child care, dependent care, housing,
10 workplace accommodations, employee benefits such
11 as paid sick leave and child care, workplace health
12 and safety protections, wages and overtime pay, and
13 needs-related payments.

14 (16) URBAN INDIAN ORGANIZATION.—The term
15 “urban Indian organization” has the meaning given
16 the term in section 4 of the Indian Health Care Im-
17 provement Act (25 U.S.C. 1603).

18 (17) WORKFORCE INNOVATION AND OPPOR-
19 TUNITY ACT TERMS.—The terms “career pathway”,
20 “career planning”, “in-demand industry sector or
21 occupation”, “individual with a barrier to employ-
22 ment”, “local board”, “on-the-job training”, “recog-
23 nized postsecondary credential”, “region”, and
24 “State board” have the meanings given such terms

1 in section 3 of the Workforce Innovation and Oppor-
2 tunity Act (29 U.S.C. 3102).

3 (18) WORK-BASED LEARNING.—The term
4 “work-based learning” has the meaning given the
5 term in section 3 of the Carl D. Perkins Career and
6 Technical Education Act of 2006 (20 U.S.C. 2302).

7 (b) AUTHORITY TO ESTABLISH A TECHNICAL AS-
8 SISTANCE CENTER FOR BUILDING THE DIRECT CARE
9 WORKFORCE.—

10 (1) PROGRAM AUTHORIZED.—The Secretary
11 shall establish a national technical assistance center
12 (referred to in this section as the “Center”) for, in
13 consultation with the Secretary of Labor, the Sec-
14 retary of Education, the Administrator of the Cen-
15 ters for Medicare & Medicaid Services, and the
16 heads of other entities as necessary—

17 (A) supporting direct care workforce cre-
18 ation, training and education, recruitment, re-
19 tention, and advancement; and

20 (B) supporting family caregivers and ac-
21 tivities of family caregivers as a critical part of
22 the support team for older individuals or people
23 with disabilities.

24 (2) ADVISORY COUNCIL.—The Secretary shall
25 convene an advisory council to provide recommenda-

1 tions to the Center with respect to the duties of the
2 Center under this section and may engage individ-
3 uals and entities described in subparagraphs (C)(ii),
4 and (L), of subsection (d)(2) (without regard to a
5 specific project described in such paragraphs) for
6 service on the advisory council.

7 (3) ACTIVITIES.—The Center may—

8 (A) develop recommendations for training
9 and education curricula for direct care profes-
10 sionals, which such recommendations may in-
11 clude recommendations for curricula for higher
12 education, postsecondary credentials, and pro-
13 grams with community colleges;

14 (B) develop learning and dissemination
15 strategies to—

16 (i) engage States and other entities in
17 activities supported under this subtitle and
18 best practices; and

19 (ii) distribute findings from activities
20 supported by grants under this subtitle;

21 (C) develop recommendations for training
22 and education curricula and other strategies for
23 supporting family caregivers;

24 (D) explore the national data gaps, work-
25 force shortage areas, and data collection strate-

1 gies for direct care professionals and make rec-
2 ommendations to the Director of the Office of
3 Management and Budget for an occupation cat-
4 egory in the Standard Occupational Classifica-
5 tion system for direct support professionals as
6 a healthcare support occupation;

7 (E) recommend career development and
8 advancement opportunities for direct care pro-
9 fessionals, which may include occupational
10 frameworks, national standards, recruitment
11 campaigns, pre-apprenticeship and on-the-job
12 training opportunities, apprenticeship pro-
13 grams, career ladders or pathways, specializa-
14 tions or certifications, or other activities; and

15 (F) develop strategies for assisting with re-
16 porting and evaluation of grant activities under
17 subsection (f).

18 (c) AUTHORITY TO AWARD GRANTS.—

19 (1) GRANTS.—

20 (A) IN GENERAL.—Not later than 1 year
21 after the date of enactment of this Act, the Sec-
22 retary, in consultation with the Administrator
23 of the Centers for Medicare & Medicaid Serv-
24 ices, the Secretary of Labor, and the Secretary
25 of Education, shall award grants described in

1 subparagraph (B) to eligible entities. A grant
2 awarded under this subsection may be in more
3 than 1 category described in such subpara-
4 graph.

5 (B) CATEGORIES OF GRANTS.—The cat-
6 egories of grants described in this subparagraph
7 are each of the following:

8 (i) DIRECT CARE PROFESSIONAL
9 GRANTS.—Grants to eligible entities to cre-
10 ate and carry out projects for the purposes
11 of recruiting, retaining, or providing ad-
12 vancement opportunities for direct care
13 professionals who are not described in
14 clause (ii) or (iii), including through edu-
15 cation or training programs for such pro-
16 fessionals or individuals seeking to become
17 such professionals.

18 (ii) DIRECT CARE PROFESSIONAL
19 MANAGERS GRANTS.—Grants to eligible en-
20 tities to create and carry out projects for
21 the purposes of recruiting, retaining, or
22 providing advancement opportunities for
23 direct care professionals who are managers
24 or supervisory staff that have coaching,
25 training, managerial, supervisory, or other

1 oversight responsibilities, including through
2 education or training programs for such
3 professionals or individuals seeking to be-
4 come such professionals.

5 (iii) SELF-DIRECTED CARE PROFES-
6 SIONALS GRANTS.—Grants to eligible enti-
7 ties to create and carry out projects for the
8 purposes of recruiting, retaining, or pro-
9 viding advancement opportunities for self-
10 directed care professionals, including
11 through education or training programs for
12 such professionals or individuals seeking to
13 become such professionals.

14 (iv) FAMILY CAREGIVER GRANTS.—
15 Grants to eligible entities to create and
16 carry out projects for providing support to
17 paid or unpaid family caregivers through
18 educational, training, or other resources,
19 including resources for caregiver self-care
20 or educational or training resources for in-
21 dividuals newly in a caregiving role or
22 seeking additional support in the role of a
23 family caregiver.

24 (C) PROJECTS FOR ADVANCEMENT OPPOR-
25 TUNITIES.—Not less than 30 percent of

1 projects assisted with grants under this section
2 shall be projects to provide career pathways
3 that offer opportunities for professional develop-
4 ment and advancement opportunities to direct
5 care professionals.

6 (2) TREATMENT OF CONTINUATION ACTIVI-
7 TIES.—An eligible entity that carries out activities
8 described in paragraph (1)(B) prior to receipt of a
9 grant under this section may use such grant to con-
10 tinue carrying out such activities, and, in using such
11 grant to continue such activities, shall be treated as
12 an eligible entity carrying out a project through a
13 grant under this section.

14 (d) PROJECT PLANS.—

15 (1) IN GENERAL.—An eligible entity seeking a
16 grant under this section shall submit to the Sec-
17 retary a project plan for each project to be developed
18 and carried out (including for activities to be contin-
19 ued as described in subsection (c)(2))) with the
20 grant at such time, in such manner, and containing
21 such information as the Secretary may require.

22 (2) CONTENTS.—A project plan submitted by
23 an eligible entity under paragraph (1) shall include
24 a description of information determined relevant by
25 the Secretary for purposes of the category of the

1 grant and the activities to be carried out through
2 the grant. Such information may include (as applica-
3 ble) the following:

4 (A) Demographic information regarding
5 the population in the State or relevant geo-
6 graphic area, including a description of the pop-
7 ulations likely to need long-term care services,
8 such as people with disabilities and older indi-
9 viduals.

10 (B) Projections of unmet need for services
11 provided by direct care professionals based on
12 enrollment waiting lists under home and com-
13 munity-based waivers under section 1115 of the
14 Social Security Act (42 U.S.C. 1315) or section
15 1915(c) of such Act (42 U.S.C. 1396n(c)) and
16 other relevant data to the extent practicable
17 and feasible, such as direct care workforce va-
18 cancy rates, crude separation rates, and the
19 number of direct care professionals, including
20 such professionals who are managers or super-
21 visors, in the region.

22 (C) An advisory committee to advise the el-
23 igible entity on activities to be carried out
24 through the grant. Such advisory committee—

1 (i) may be comprised of entities listed
2 in subparagraph (L); and
3 (ii) shall include—
4 (I) older individuals or persons
5 with a disability;
6 (II) organizations representing
7 the rights and interests of people re-
8 ceiving services by the direct care pro-
9 fessionals or family caregivers tar-
10 geted by the project;
11 (III) individuals who are direct
12 care professionals or family caregivers
13 targeted by the project and organiza-
14 tions representing the rights and in-
15 terests of direct care professionals or
16 family caregivers;
17 (IV) as applicable, employers of
18 individuals described in subclause
19 (III) and labor organizations rep-
20 resenting such individuals;
21 (V) representatives of the State
22 Medicaid agency, the State agency de-
23 fined in section 102 of the Older
24 Americans Act of 1965 (42 U.S.C.
25 3002), the State developmental dis-

1 abilities office, and the State mental
2 health agency, in the State (or each
3 State) to be served by the project; and

4 (VI) representatives reflecting di-
5 verse racial, cultural, ethnic, geo-
6 graphic, socioeconomic, and gender
7 identity and sexual orientation per-
8 spectives.

9 (D) Current or projected job openings for,
10 or relevant labor market information related to,
11 the direct care professionals targeted by the
12 project in the State or region to be served by
13 the project, and the geographic scope of the
14 workforce to be served by the project.

15 (E) Specific efforts and strategies that the
16 project will undertake to reduce barriers to re-
17 cruitment, retention, or advancement of the di-
18 rect care professionals targeted by the project,
19 including an assurance that such efforts will in-
20 clude—

21 (i) an assessment of the wages or
22 other compensation or benefits necessary
23 to recruit and retain the direct care profes-
24 sionals targeted by the project;

1 (ii) a description of the project's pro-
2 jected compensation or benefits for the di-
3 rect care professionals targeted by the
4 project at the State or local level, including
5 a comparison of such projected compensa-
6 tion or benefits to regional and national
7 compensation or benefits and a description
8 of how wages and benefits received by
9 project participants will be impacted by the
10 participation in and completion of the
11 project; and

12 (iii) a description of the projected im-
13 pact of workplace safety issues on the re-
14 cruitment and retention of direct care pro-
15 fessionals targeted by the project, includ-
16 ing the availability of personal protective
17 equipment.

18 (F) In the case of a project offering an
19 education or training program for direct care
20 professionals, a description of such program
21 (including how the core competencies identified
22 by the Centers for Medicare & Medicaid Serv-
23 ices will be incorporated, curricula, models, and
24 standards used under the program, and any as-
25 sociated recognized postsecondary credentials

1 for which the program provides preparation, as
2 applicable), which shall include an assurance
3 that such program will provide to each project
4 participant in such program—

5 (i) relevant training regarding the
6 rights of recipients of home and commu-
7 nity based services, including their rights
8 to—

9 (I) receive services in integrated
10 settings that provide access to the
11 broader community;

12 (II) exercise self-determination;

13 (III) be free from all forms of
14 abuse, neglect, or exploitation; and

15 (IV) person-centered planning
16 and practices, including participation
17 in planning activities;

18 (ii) relevant training to ensure that
19 each project participant has the necessary
20 skills to recognize abuse and understand
21 their obligations with regard to reporting
22 and responding to abuse appropriately in
23 accordance with relevant Federal and State
24 law;

1 (iii) relevant training regarding the
2 provision of culturally competent, linguis-
3 tically inclusive, and disability competent
4 supports to recipients of services provided
5 by the direct care professionals targeted by
6 the project;

7 (iv) an apprenticeship program, work-
8 based learning, or on-the-job training op-
9 portunities;

10 (v) supervision or mentoring; and

11 (vi) for any on-the-job training por-
12 tion of the program, a progressively in-
13 creasing, clearly defined schedule of wages
14 to be paid to each such participant that—

15 (I) is consistent with skill gains
16 or attainment of a recognized postsec-
17 ondary credential received as a result
18 of participation in or completion of
19 such program; and

20 (II) ensures the entry wage is not
21 less than the greater of—

22 (aa) the minimum wage re-
23 quired under section 6(a) of the
24 Fair Labor Standards Act of
25 1938 (29 U.S.C. 206(a)); or

1 (bb) the applicable wage re-
2 quired by other applicable Fed-
3 eral or State law, or a collective
4 bargaining agreement.

5 (G) Any other innovative models or proc-
6 esses the eligible entity will implement to sup-
7 port the retention and career advancement of
8 the direct care professionals targeted by the
9 project.

10 (H) The supportive services and benefits to
11 be provided to the project participants in order
12 to support the employment, retention, or career
13 advancement of the direct care professionals
14 targeted by the project.

15 (I) How the eligible entity will make use of
16 career planning to support the identification of
17 advancement opportunities and career pathways
18 for the direct care professionals in the State or
19 region to be served by the project.

20 (J) How the eligible entity will collect and
21 submit to the Secretary workforce data and
22 outcomes of the project.

23 (K) How the project—

24 (i) will—

1 (I) provide adequate and safe
2 equipment and facilities for training
3 and supervision, including a safe work
4 environment free from discrimination,
5 which may include the provision of
6 personal protective equipment and
7 other necessary equipment to prevent
8 the spread of infectious disease among
9 the direct care professionals targeted
10 by the project and recipients of serv-
11 ices provided by such professionals;

12 (II) incorporate remote training
13 and education opportunities or tech-
14 nology-supported opportunities;

15 (III) for training and education
16 curricula, incorporate evidenced-sup-
17 ported practices for adult learners and
18 universal design for learning and en-
19 sure recipients of services provided by
20 the direct care professionals or family
21 caregivers targeted by the project par-
22 ticipate in the development and imple-
23 mentation of such training and edu-
24 cation curricula;

1 (IV) use outreach, recruitment,
2 and retention strategies designed to
3 reach and retain a diverse workforce;

4 (V) incorporate methods to mon-
5 itor satisfaction with project activities
6 for project participants and individ-
7 uals receiving services from such par-
8 ticipants;

9 (VI) incorporate evidence-sup-
10 ported practices for family caregiver
11 engagement; and

12 (VII) incorporate core com-
13 petencies identified by the Centers for
14 Medicare & Medicaid Services; and

15 (ii) may incorporate continuing edu-
16 cation programs and specialty training,
17 with a specific focus on—

18 (I) trauma-informed care;

19 (II) behavioral health, including
20 co-occurring behavioral health condi-
21 tions and intellectual or developmental
22 disabilities;

23 (III) Alzheimer's and dementia
24 care;

1 (IV) chronic disease manage-
2 ment; and

3 (V) the use of supportive or as-
4 sistive technology.

5 (L) How the eligible entity will consult on
6 the implementation of the project, or coordinate
7 the project with, each of the following entities,
8 to the extent that each such entity is not the
9 eligible entity:

10 (i) The State Medicaid agency, State
11 agency defined in section 102 of the Older
12 Americans Act of 1965 (42 U.S.C. 3002),
13 and the State developmental disabilities of-
14 fice for the State (or each State) to be
15 served by the project.

16 (ii) The local board and State board
17 for each region, or State, to be served by
18 the project.

19 (iii) In the case of a project that car-
20 ries out an education or training program,
21 a nonprofit organization with demonstrated
22 experience in the development or delivery
23 of curricula or coursework.

24 (iv) A nonprofit organization, includ-
25 ing a labor organization, that fosters the

1 professional development and collective en-
2 gagement of the direct care professionals
3 targeted by the project.

4 (v) Area agencies on aging, as defined
5 in section 102 of the Older Americans Act
6 of 1965 (42 U.S.C. 3002).

7 (vi) Centers for independent living, as
8 described in part C of title VII of the Re-
9 habilitation Act of 1973 (29 U.S.C. 796f
10 et seq.).

11 (vii) The State Council on Develop-
12 mental Disabilities (as such term is used in
13 subtitle B of title I of the Developmental
14 Disabilities Assistance and Bill of Rights
15 Act of 2000 (42 U.S.C. 15021 et seq.)) for
16 the State (or each State) to be served by
17 the project.

18 (viii) Aging and Disability Resource
19 Centers (as defined in section 102 of the
20 Older Americans Act of 1965 (42 U.S.C.
21 3002)).

22 (ix) A nonprofit State provider asso-
23 ciation that represents providers who em-
24 ploy the direct care professionals targeted

1 by the project, where such associations
2 exist.

3 (x) An entity that employs the direct
4 care professionals targeted by the project.

5 (xi) University Centers for Excellence
6 in Developmental Disabilities Education,
7 Research, and Service supported under
8 subtitle D of title I of the Developmental
9 Disabilities Assistance and Bill of Rights
10 Act of 2000 (42 U.S.C. 15061 et seq.).

11 (xii) The State protection and advo-
12 cacy system described in section 143 of
13 such Act (42 U.S.C. 15043) of the State
14 (or each State) to be served by the project.

15 (xiii) Direct care professionals or di-
16 rect care workforce organizations rep-
17 resenting underserved communities, includ-
18 ing communities of color.

19 (M) How the eligible entity will consult
20 throughout the project with—

21 (i) individuals employed or working as
22 the direct care professionals or family care-
23 givers targeted by the project;

24 (ii) representatives of such profes-
25 sionals or caregivers;

1 (iii) individuals assisted by such pro-
2 fessionals or caregivers;

3 (iv) the families of such professionals
4 or caregivers; and

5 (v) individuals receiving education or
6 training to become such professionals or
7 caregivers.

8 (N) Outreach efforts to individuals for par-
9 ticipation in such project, including targeted
10 outreach efforts to—

11 (i) individuals who are recipients of
12 assistance under a State program funded
13 under part A of title IV of the Social Secu-
14 rity Act (42 U.S.C. 601 et seq.) or individ-
15 uals who are eligible for such assistance;
16 and

17 (ii) individuals with barriers to em-
18 ployment.

19 (3) CONSIDERATIONS.—In selecting eligible en-
20 tities to receive a grant under this subtitle, the Sec-
21 retary shall ensure—

22 (A) equitable geographic and demographic
23 diversity, including by selecting recipients serv-
24 ing rural areas and selecting recipients serving
25 urban areas; and

1 (B) that selected eligible entities will serve
2 areas where the occupation of direct care pro-
3 fessional, or a related occupation, is an in-de-
4 mand industry sector or occupation.

5 (e) USES OF FUNDS; SUPPLEMENT, NOT SUP-
6 PLANT.—

7 (1) USES OF FUNDS.—

8 (A) IN GENERAL.—Each eligible entity re-
9 ceiving a grant under this subtitle shall use the
10 funds of such grant to carry out at least 1
11 project described in subsection (e)(1)(B).

12 (B) ADMINISTRATIVE COSTS.—Each eligi-
13 ble entity receiving a grant under this section
14 shall not use more than 5 percent of the funds
15 of such grant for costs associated with the ad-
16 ministration of activities under this section.

17 (C) DIRECT SUPPORT.—Each eligible enti-
18 ty receiving a grant under this section (except
19 for a grant described in subsection
20 (e)(1)(B)(iv)) shall use not less than 5 percent
21 of the funds of such grant to provide direct fi-
22 nancial benefits or supportive services to direct
23 care professionals to support the financial needs
24 of such participants during the duration of the
25 project activities.

1 (2) SUPPLEMENT, NOT SUPPLANT.—An eligible
2 entity receiving a grant under this section shall use
3 such grant only to supplement, and not supplant,
4 the amount of funds that, in the absence of such
5 grant, would be available to address the recruitment,
6 training and education, retention, and advancement
7 of direct care professionals or provide support for
8 family caregivers, in the State or region served by
9 the eligible entity.

10 (3) PROHIBITION.—No amounts made available
11 under this section may be used for any activity that
12 is subject to the reporting requirements set forth in
13 section 203(a) of the Labor-Management Reporting
14 and Disclosure Act of 1959 (29 U.S.C. 433(a)).

15 (f) EVALUATIONS AND REPORTS; TECHNICAL AS-
16 SISTANCE.—

17 (1) REPORTING REQUIREMENTS BY GRANT RE-
18 CIPIENTS.—

19 (A) IN GENERAL.—An eligible entity re-
20 ceiving a grant under this section shall cooper-
21 ate with the Secretary and annually provide a
22 report to the Secretary that includes any rel-
23 evant data requested by the Secretary in a
24 manner specified by the Secretary.

1 (B) CONTENTS.—The data requested by
2 the Secretary for an annual report may include
3 any of the following (as determined relevant by
4 the Secretary with respect to the category of
5 the grant and each project supported through
6 the grant):

7 (i) The number of individuals and the
8 demographics of these individuals served
9 by each project supported by the grant, in-
10 cluding—

11 (I) the number of individuals re-
12 cruited through each such project to
13 be employed as a direct care profes-
14 sional;

15 (II) the number of individuals
16 who through each such project at-
17 tained employment as a direct care
18 professional; and

19 (III) the number of individuals
20 who enrolled in each such project and
21 withdrew or were terminated from
22 each such project without completing
23 training or attaining employment as a
24 direct care professional.

1 (ii) The number of family caregivers
2 participating in an education or training
3 program through each project supported
4 by the grant.

5 (iii) The number of project partici-
6 pants who through each such project par-
7 ticipated in and completed—

8 (I) work-based learning;

9 (II) on-the-job training;

10 (III) an apprenticeship program;

11 or

12 (IV) a professional development
13 or mentoring program.

14 (iv)(I) Other services, benefits, or sup-
15 ports (other than the services, benefits, or
16 supports described in clause (iii)) provided
17 through each such project to assist in the
18 recruitment, retention, or advancement of
19 direct care professionals (including through
20 education or training for such professionals
21 or individuals seeking to become such pro-
22 fessionals);

23 (II) the number of individuals who
24 accessed such services, benefits, or sup-
25 ports; and

1 (III) the impact of such services, ben-
2 efits, or supports.

3 (v) The crude separation and vacancy
4 rates of direct care professionals, and such
5 rates for those professionals who are man-
6 agers or supervisors, in the geographic re-
7 gion for a number of years before the
8 grant was awarded, as determined by the
9 Secretary, and annually thereafter for the
10 duration of the grant period.

11 (vi) How each project supported by
12 the grant assessed satisfaction with respect
13 to—

14 (I) project participants assisted
15 by the project;

16 (II) individuals receiving services
17 delivered by project participants, in-
18 cluding—

19 (aa) any impact on the
20 health or health outcomes of such
21 individuals; and

22 (bb) any impact on the abil-
23 ity of individuals to transition to
24 or remain in the community in
25 an environment that meets the

1 criteria established in the section
2 441.301(c)(4) of title 42, Code of
3 Federal Regulations (or successor
4 regulations); and
5 (III) employers of such project
6 participants.

7 (vii) The performance of the eligible
8 entity with respect to the indicators of per-
9 formance on unsubsidized employment, me-
10 dian earnings, credential attainment, meas-
11 urable skill gains, and employer satisfac-
12 tion.

13 (viii) Any other information with re-
14 spect to outcomes of the project as deter-
15 mined by the Secretary.

16 (2) ANNUAL REPORT TO CONGRESS BY SEC-
17 RETARY.—Not later than 2 years after the date of
18 enactment of this Act, and each year thereafter until
19 all projects supported through a grant under this
20 subtitle are completed, the Secretary shall prepare
21 and submit to Congress an annual report on the
22 progress of each project supported through a grant
23 under this subtitle and the activities of the technical
24 assistance center established under subsection (b).

1 (3) GAO REPORT.—Not later than 1 year after
2 the date on which all projects supported through a
3 grant under this section are completed, the Comp-
4 troller General of the United States shall conduct a
5 study and submit to Congress a report including—

6 (A) an assessment of how the technical as-
7 sistance center established under subsection (b)
8 and the projects supported through a grant
9 under this subtitle assisted in the creation, re-
10 cruitment, training and education, retention,
11 and advancement of the direct care workforce
12 or in providing support for family caregivers;
13 and

14 (B) recommendations for such legislative
15 or administrative actions needed for improving
16 the assistance described in subparagraph (A),
17 as the Comptroller General determines appro-
18 priate.

19 (4) INDEPENDENT EVALUATIONS.—Not later
20 than 6 months after the date of enactment of this
21 Act, the Secretary shall enter into a contract with
22 an independent entity to provide independent evalua-
23 tions of activities supported by grants under this
24 subtitle and activities of the technical assistance cen-
25 ter established under subsection (b).

1 (g) APPROPRIATIONS.—

2 (1) IN GENERAL.—There are appropriated, out
3 of amounts in the Treasury not otherwise appro-
4 priated—

5 (A) for the establishment and activities of
6 the technical assistance center under subsection
7 (b), \$2,000,000 for each of fiscal years 2024
8 through 2028; and

9 (B) for grants under subsection (c),
10 \$1,000,000,000 for fiscal year 2024.

11 (2) AVAILABILITY.—Amounts made available
12 under this section shall remain available until Sep-
13 tember 30, 2033.

14 **SEC. 505. PEER SUPPORT NETWORKS FOR FAMILY CARE-**
15 **GIVERS.**

16 Subpart IV of part D of title III of the Public Health
17 Service Act (42 U.S.C. 255 et seq.) is amended by adding
18 at the end the following:

19 **“SEC. 339A. PEER SUPPORT NETWORKS FOR FAMILY CARE-**
20 **GIVERS.**

21 “(a) IN GENERAL.—The Secretary shall award
22 grants to eligible entities to develop or expand in-person
23 and virtual peer support programs for family caregivers,
24 in order to provide mental health support and referrals.

1 “(b) ELIGIBLE ENTITIES.—To be eligible to receive
2 a grant under this section, an entity shall—

3 “(1) be a State, a nonprofit organization, an in-
4 stitution of higher education as defined in section
5 101 of the Higher Education Act of 1965 , a junior
6 or community college as defined in section 312(f) of
7 the Higher Education Act of 1965, or an Indian
8 Tribe as defined in section 4 of the Indian Self-De-
9 termination and Education Assistance Act; and

10 “(2) submit an application to the Secretary at
11 such time, in such manner, and containing such in-
12 formation as the Secretary may require.

13 “(c) PRIORITY.—The Secretary, in making grants
14 under this section, shall give priority to entities that pro-
15 pose to serve or currently serve—

16 “(1) regions and populations that are identified
17 by the Secretary as being underserved with respect
18 to peer support programs for family caregivers;

19 “(2) low-income communities;

20 “(3) underserved racial and ethnic commu-
21 nities;

22 “(4) communities with a high number of aliens,
23 as defined in section 101(a) of the Immigration and
24 Nationality Act, or of individuals with limited
25 English proficiency;

1 “(5) the LGBTQ+ community; or

2 “(6) caregivers younger than age 35.

3 “(d) FAMILY CAREGIVERS DEFINED.—For purposes
4 of this section, the term ‘family caregiver’ has the meaning
5 given such term in section 2 of the RAISE Family Care-
6 givers Act and includes paid and unpaid family caregivers.

7 “(e) APPROPRIATIONS.—To carry out this section,
8 there are appropriated, out of amounts in the Treasury
9 not otherwise appropriated, such sums as may be nec-
10 essary for each of fiscal years 2024 through 2028, to re-
11 main available until expended.”.

12 **SEC. 506. WOMEN’S ADDICTION LEADERSHIP INSTITUTE.**

13 Subpart 1 of part B of title V of the Public Health
14 Service Act (42 U.S.C. 290bb et seq.) is amended by in-
15 serting after section 509 the following:

16 **“SEC. 510. WOMEN’S ADDICTION LEADERSHIP INSTITUTE.**

17 “(a) IN GENERAL.—The Secretary, acting through
18 the Director of the Center for Substance Abuse Treat-
19 ment, shall continue in effect the women’s addiction lead-
20 ership institute, for purposes of strengthening the capacity
21 of the Center to meet the prevention, treatment, and re-
22 covery needs of women with substance use disorder and
23 mental health needs by—

24 “(1) developing and improving the leadership
25 skills of participants in the institute;

1 “(2) establishing a network of the next genera-
2 tion of leaders in women’s substance use disorder
3 and mental health services; and

4 “(3) establishing a model of women’s leadership
5 training.

6 “(b) FUNDING.—To carry out this section, there are
7 appropriated, out of amounts in the Treasury not other-
8 wise appropriated, \$1,500,000 for each of fiscal years
9 2024 through 2028, to remain available until expended.”.

10 **SEC. 507. COMMUNITY HEALTH WORKFORCE.**

11 Section 765 of the Public Health Service Act (42
12 U.S.C. 295) is amended by adding at the end the fol-
13 lowing:

14 “(f) APPROPRIATIONS.—To carry out this section
15 and section 2501 of the American Rescue Plan Act of
16 2021 (Public Law 117–2), there is appropriated, out of
17 amounts in the Treasury not otherwise appropriated,
18 \$450,000,000 for fiscal year 2024, to remain available
19 until expended.”.

20 **SEC. 508. NATURAL DISASTER TRAINING PROGRAM.**

21 Part E of title VII of the Public Health Service Act
22 (42 U.S.C. 294n et seq.) is amended by adding at the end
23 the following:

1 **“Subpart 4—Natural Disaster Training**

2 **“SEC. 779. NATURAL DISASTER TRAINING PROGRAM.**

3 “(a) IN GENERAL.—The Secretary shall award
4 grants, on a competitive basis, to health professions
5 schools to develop and integrate training on the impact
6 of tornadoes, storms and flooding, heat waves, and other
7 natural disasters on health care.

8 “(b) HEALTH PROFESSIONS SCHOOLS.—For pur-
9 poses of this section, the term ‘health professions school’
10 means a medical school, school of nursing, midwifery pro-
11 gram or other evidence-based birth care training program,
12 physician assistant education program, mental health care
13 professional schools, career and technical education health
14 sciences program, public health program, community
15 health worker training program, teaching hospital, resi-
16 dency or fellowship program, or other school or program,
17 as the Secretary determines appropriate.

18 “(c) APPROPRIATIONS.—To carry out this section,
19 there are appropriated, out of amounts in the Treasury
20 not otherwise appropriated, such sums as may be nec-
21 essary for each of fiscal years 2024 through 2028, to re-
22 main available until expended.”.

1 **SEC. 509. PALLIATIVE CARE AND HOSPICE EDUCATION AND**
2 **TRAINING ACT.**

3 (a) SHORT TITLE.—This section may be cited as the
4 “Palliative Care and Hospice Education and Training
5 Act”.

6 (b) PALLIATIVE CARE AND HOSPICE EDUCATION
7 AND TRAINING.—

8 (1) IN GENERAL.—Part D of title VII of the
9 Public Health Service Act (42 U.S.C. 294 et seq.)
10 is amended by inserting after section 759 the fol-
11 lowing:

12 **“SEC. 759A. PALLIATIVE CARE AND HOSPICE EDUCATION**
13 **AND TRAINING.**

14 “(a) PALLIATIVE CARE AND HOSPICE EDUCATION
15 PROGRAMS.—

16 “(1) IN GENERAL.—The Secretary shall award
17 grants or contracts under this section to entities de-
18 scribed in paragraph (1), (3), or (4) of section
19 799B, and section 801(2), for the establishment or
20 operation of Palliative Care and Hospice Education
21 Programs that meet the requirements of paragraph
22 (2).

23 “(2) REQUIREMENTS.—

24 “(A) IN GENERAL.—A Palliative Care and
25 Hospice Education Program receiving an award
26 under this section shall support the training of

1 health professionals in palliative and hospice
2 care, including traineeships or fellowships. Such
3 programs shall emphasize, as appropriate, pa-
4 tient and family engagement, integration of pal-
5 liative and hospice care with primary and spe-
6 cialty care, and collaboration with community
7 partners to address gaps in health care for indi-
8 viduals with serious or life-threatening illnesses.

9 “(B) ACTIVITIES.—Activities conducted by
10 a program under this section may include the
11 following:

12 “(i) Clinical training on providing in-
13 tegrated palliative and hospice care serv-
14 ices.

15 “(ii) Interprofessional training to
16 practitioners from multiple disciplines and
17 specialties, including training on the provi-
18 sion of care to individuals with serious or
19 life-threatening illnesses.

20 “(iii) Establishing or maintaining
21 training-related community-based pro-
22 grams for individuals with serious or life-
23 threatening illnesses and caregivers to im-
24 prove quality of life, and where appro-

1 priate, health outcomes for individuals who
2 have serious or life-threatening illnesses.

3 “(C) NONDUPLICATION.—A Palliative
4 Care and Hospice Education Program under
5 this section shall not duplicate the activities of
6 existing education centers funded under this
7 section or under section 753 or 865.

8 “(3) PRIORITIES IN MAKING AWARDS.—In
9 awarding grants and contracts under paragraph (1),
10 the Secretary—

11 “(A) shall give priority to programs that
12 demonstrate coordination with another Federal
13 or State program, or another public or private
14 entity;

15 “(B) shall give priority to applicants with
16 programs or activities that are expected to sub-
17 stantially benefit—

18 “(i) individuals in rural or medically
19 underserved areas, frontier health profes-
20 sional shortage areas (as defined in section
21 799B), or Indian Tribes or Tribal organi-
22 zations;

23 “(ii) pediatric populations; or

24 “(iii) racial and ethnic minority popu-
25 lations; and

1 “(C) may give priority to any program
2 that—

3 “(i) integrates palliative and hospice
4 care into primary care practice;

5 “(ii) provides training to integrate
6 palliative and hospice care into other spe-
7 cialties across care settings, including
8 practicing clinical specialists, health care
9 administrators, faculty without back-
10 grounds in palliative or hospice care, and
11 students from all health professions;

12 “(iii) emphasizes integration of pallia-
13 tive and hospice care into existing service
14 delivery locations and care across settings,
15 including primary care clinics, medical
16 homes, federally qualified health centers,
17 ambulatory care clinics, hospitals, includ-
18 ing critical access hospitals, emergency
19 care settings, assisted living and nursing
20 facilities, and home- and community-based
21 settings;

22 “(iv) supports the training and re-
23 training of faculty, primary and specialty
24 care providers, other direct care providers,

1 and other appropriate professionals on pal-
2 liative or hospice care;

3 “(v) emphasizes education and en-
4 gagement of family or caregivers on pallia-
5 tive and hospice care management within
6 the context of chronic disease management
7 and strategies to meet the needs of such
8 family or caregivers; or

9 “(vi) proposes to conduct outreach to
10 communities that have a shortage of pallia-
11 tive and hospice workforce professionals.

12 “(4) EXPANSION OF EXISTING PROGRAMS.—
13 Nothing in this section shall be construed to—

14 “(A) prevent the Secretary from providing
15 grants or contracts to expand existing education
16 programs, including geriatric education pro-
17 grams established under section 753 or 865, to
18 provide for education and training focused spe-
19 cifically on palliative care, including for non-
20 geriatric populations; or

21 “(B) limit the number of education pro-
22 grams that may be funded in a community.

23 “(b) PALLIATIVE MEDICINE PHYSICIAN TRAINING.—

24 “(1) IN GENERAL.—The Secretary may make
25 grants to, and enter into contracts with, schools of

1 medicine, schools of osteopathic medicine, teaching
2 hospitals, and graduate medical education programs
3 at institutions of higher education (as defined in sec-
4 tion 101 of the Higher Education Act of 1965) for
5 the purpose of providing support for projects that
6 fund the training of physicians who plan to teach or
7 practice palliative medicine.

8 “(2) REQUIREMENTS.—Each project for which
9 a grant or contract is made under this subsection
10 shall—

11 “(A) be staffed by full-time teaching physi-
12 cians who have experience or training in inter-
13 professional team-based palliative medicine;

14 “(B) be based in a hospice and palliative
15 medicine fellowship program accredited by the
16 Accreditation Council for Graduate Medical
17 Education;

18 “(C) provide training in interprofessional
19 team-based palliative medicine through a vari-
20 ety of service rotations, such as consultation
21 services, acute care services, extended care fa-
22 cilities, ambulatory care and comprehensive
23 evaluation units, hospices, home care, and com-
24 munity care programs;

1 “(D) develop specific performance-based
2 measures to evaluate the competency of train-
3 ees; and

4 “(E) provide training in interprofessional
5 team-based palliative medicine through one or
6 both of the training options described in para-
7 graph (3).

8 “(3) TRAINING OPTIONS.—The training options
9 referred to in subparagraph (E) of paragraph (2)
10 are as follows:

11 “(A) 1-year retraining programs in hospice
12 and palliative medicine for physicians who are
13 faculty at schools of medicine and osteopathic
14 medicine, or others determined appropriate by
15 the Secretary.

16 “(B) 1- or 2-year training programs that
17 are designed to provide training in interprofes-
18 sional team-based hospice and palliative medi-
19 cine for physicians who have completed grad-
20 uate medical education programs in any med-
21 ical specialty leading to board eligibility in hos-
22 pice and palliative medicine pursuant to the
23 American Board of Medical Specialties.

24 “(4) DEFINITIONS.—For purposes of this sub-
25 section, the term ‘graduate medical education’

1 means a program sponsored by a school of medicine,
2 a school of osteopathic medicine, a hospital, or a
3 public or private institution of higher education (as
4 defined in section 101 of the Higher Education Act
5 of 1965) that—

6 “(A) offers postgraduate medical training
7 in the specialties and subspecialties of medicine;
8 and

9 “(B) has been accredited by the Accredita-
10 tion Council for Graduate Medical Education or
11 the American Osteopathic Association through
12 its Committee on Postdoctoral Training.

13 “(c) PALLIATIVE CARE AND HOSPICE ACADEMIC CA-
14 REER AWARDS.—

15 “(1) ESTABLISHMENT OF PROGRAM.—The Sec-
16 retary shall establish a program to provide awards,
17 to be known as the ‘Palliative Care and Hospice
18 Academic Career Awards’, to allopathic and osteo-
19 pathic medical schools, nursing schools, and other
20 programs, including social work, physician assistant,
21 and chaplaincy education programs, or other pro-
22 grams of graduate medical education (as defined in
23 subsection (b)(4)) identified by the Secretary apply-
24 ing on behalf of eligible individuals to promote the

1 career development of such individuals as academic
2 hospice and palliative care specialists.

3 “(2) ELIGIBLE INDIVIDUALS.—For purposes of
4 this subsection, the term ‘eligible individual’ means
5 an individual who—

6 “(A) is board certified or board eligible in
7 hospice and palliative medicine or has com-
8 pleted required specialty training in palliative
9 and hospice care in the disciplines of nursing,
10 social work, physician assistant, chaplaincy, or
11 other discipline identified by the Secretary; and

12 “(B) has a junior (nontenured) faculty ap-
13 pointment at an accredited (as determined by
14 the Secretary) allopathic or osteopathic medical
15 school, nursing school, or other programs, in-
16 cluding social work, physician assistant, chap-
17 laincy, or other education programs identified
18 by the Secretary.

19 “(3) LIMITATIONS.—No award under para-
20 graph (1) may be made to an eligible individual un-
21 less the entity on behalf of the eligible individual—

22 “(A) has submitted to the Secretary an ap-
23 plication, at such time, in such manner, and
24 containing such information as the Secretary

1 may require, and the Secretary has approved
2 such application;

3 “(B) provides, in such form and manner as
4 the Secretary may require, assurances that the
5 individual will meet the service requirement de-
6 scribed in paragraph (6); and

7 “(C) provides, in such form and manner as
8 the Secretary may require, assurances that the
9 individual has a full-time faculty appointment
10 in a health professions institution and docu-
11 mented commitment from such institution to
12 spend a majority of the total funded time of
13 such individual on teaching and developing
14 skills in education in interprofessional team-
15 based palliative care.

16 “(4) MAINTENANCE OF EFFORT.—An entity
17 which receives an award under paragraph (1) shall
18 provide assurances to the Secretary that funds pro-
19 vided to the eligible individual under this subsection
20 will be used only to supplement, not to supplant, the
21 amount of Federal, State, and local funds otherwise
22 expended by the eligible individual.

23 “(5) AMOUNT AND TERM.—

24 “(A) AMOUNT.—The amount of an award
25 under this subsection shall be equal to the

1 award amount provided for under section
2 753(b)(5)(A) for the fiscal year involved.

3 “(B) TERM.—The term of an award made
4 under this subsection shall not exceed 5 years.

5 “(C) PAYMENT TO INSTITUTION.—The
6 Secretary shall make payments for awards
7 under this subsection to institutions, including
8 allopathic and osteopathic medical schools,
9 nursing schools, and other programs, including
10 social work, physician assistant, or chaplaincy
11 education programs.

12 “(6) SERVICE REQUIREMENT.—An individual
13 who receives an award under this subsection shall
14 provide training in palliative care and hospice, in-
15 cluding the training of interprofessional teams of
16 health care professionals. The provision of such
17 training shall constitute a majority of the total fund-
18 ed obligations of such individual under the award.

19 “(d) PALLIATIVE CARE WORKFORCE DEVELOP-
20 MENT.—

21 “(1) IN GENERAL.—The Secretary shall award
22 grants or contracts under this subsection to entities
23 that operate a Palliative Care and Hospice Edu-
24 cation Program pursuant to subsection (a)(1).

1 “(2) APPLICATION.—To be eligible for an
2 award under paragraph (1), an entity described in
3 such paragraph shall submit to the Secretary an ap-
4 plication at such time, in such manner, and con-
5 taining such information as the Secretary may re-
6 quire.

7 “(3) USE OF FUNDS.—Amounts awarded under
8 a grant or contract under paragraph (1) shall be
9 used to carry out the fellowship program described
10 in paragraph (4).

11 “(4) FELLOWSHIP PROGRAM.—

12 “(A) IN GENERAL.—Pursuant to para-
13 graph (3), a Palliative Care and Hospice Edu-
14 cation Program that receives an award under
15 this subsection shall use such funds to offer
16 short-term intensive courses (referred to in this
17 subsection as a ‘fellowship’) that focus on inter-
18 professional team-based palliative care that pro-
19 vide supplemental training for faculty members
20 in allopathic and osteopathic medical schools,
21 nursing schools, and other programs, including
22 psychology, pharmacy, social work, physician
23 assistant, and chaplaincy education programs,
24 or other health disciplines, as approved by the
25 Secretary. Such a fellowship shall be open to

1 current faculty, and appropriately credentialed
2 volunteer faculty and practitioners, who do not
3 have formal training in palliative care, to up-
4 grade their knowledge and clinical skills for the
5 care of individuals with serious or life-threat-
6 ening illness and to enhance their interdiscipli-
7 nary and interprofessional teaching skills.

8 “(B) LOCATION.—A fellowship under this
9 paragraph shall be offered either at the Pallia-
10 tive Care and Hospice Education Program that
11 is sponsoring the course, in collaboration with
12 other Palliative Care and Hospice Education
13 Programs, or at allopathic and osteopathic med-
14 ical schools, nursing schools, or other programs,
15 including pharmacy, social work, physician as-
16 sistant, chaplaincy, and psychology education
17 programs, or other health professions schools
18 and programs of graduate medical education
19 (as defined in subsection (b)(4)) approved by
20 the Secretary.

21 “(5) TARGETS.—A Palliative Care and Hospice
22 Education Program that receives an award under
23 paragraph (1) shall meet targets approved by the
24 Secretary for providing training in interprofessional
25 team-based palliative care to a certain number of

1 faculty or practitioners during the term of the
2 award, as well as other parameters established by
3 the Secretary.

4 “(6) AMOUNT OF AWARD.—Each award under
5 paragraph (1) shall be not more than \$150,000. Not
6 more than 24 Palliative Care and Hospice Education
7 Programs may receive an award under such para-
8 graph.

9 “(7) MAINTENANCE OF EFFORT.—A Palliative
10 Care and Hospice Education Program that receives
11 an award under paragraph (1) shall provide assur-
12 ances to the Secretary that funds provided to the
13 Program under the award will be used only to sup-
14 plement, not to supplant, the amount of Federal,
15 State, and local funds otherwise expended by such
16 Program.

17 “(e) PALLIATIVE CARE AND HOSPICE CAREER IN-
18 CENTIVE AWARDS.—

19 “(1) IN GENERAL.—The Secretary shall award
20 grants or contracts under this subsection to institu-
21 tions, including allopathic and osteopathic medical
22 schools, nursing schools, and other programs, includ-
23 ing social work, physician assistant, psychology,
24 chaplaincy, and pharmacy education programs, or
25 other programs of graduate medical education (as

1 defined in subsection (c)(4)) approved by the Sec-
2 retary, applying on behalf of individuals described in
3 paragraph (2) to foster greater interest among a va-
4 riety of health professionals in entering the field of
5 palliative care.

6 “(2) ELIGIBLE INDIVIDUALS.—To be eligible to
7 receive an award under paragraph (1), an individual
8 shall—

9 “(A) be an advanced practice nurse, a so-
10 cial worker, physician assistant, pharmacist,
11 chaplain, psychologist, or other health care pro-
12 fessional pursuing a doctorate, masters, or
13 other advanced degree with a focus in inter-
14 professional team-based palliative care or re-
15 lated fields in an accredited school or education
16 program; and

17 “(B) submit to the Secretary an applica-
18 tion at such time, in such manner, and con-
19 taining such information as the Secretary may
20 require.

21 “(3) CONDITIONS OF AWARD.—As a condition
22 of receiving an award under paragraph (1), an indi-
23 vidual shall agree that, following completion of the
24 award period, the individual will teach or practice
25 palliative care in health-related educational, home,

1 hospice, or long-term care settings for a minimum of
2 5 years under guidelines established by the Sec-
3 retary.

4 “(4) PAYMENT TO INSTITUTION.—The Sec-
5 retary shall make payments for awards under para-
6 graph (1) to institutions that include allopathic and
7 osteopathic medical schools, nursing schools, and
8 other programs, including social work, physician as-
9 sistant, psychology, chaplaincy, and pharmacy edu-
10 cation programs or other programs approved by the
11 Secretary.

12 “(f) FUNDING.—To carry out this section, there are
13 appropriated, out of amounts in the Treasury not other-
14 wise appropriated, \$15,000,000 for each of the fiscal years
15 2024 through 2028, to remain available until expended.”.

16 (2) EFFECTIVE DATE.—The amendment made
17 by this subsection shall be effective beginning on the
18 date that is 90 days after the date of enactment of
19 this Act.

20 (c) HOSPICE AND PALLIATIVE NURSING.—

21 (1) NURSE EDUCATION, PRACTICE, AND QUAL-
22 ITY GRANTS.—Section 831(b)(3) of the Public
23 Health Service Act (42 U.S.C. 296p(b)(3)) is
24 amended by inserting “hospice and palliative nurs-
25 ing,” after “coordinated care,”.

1 (2) PALLIATIVE CARE AND HOSPICE EDU-
2 CATION AND TRAINING PROGRAMS.—Part D of title
3 VIII of the Public Health Service Act (42 U.S.C.
4 296p et seq.), as amended by section 307, is further
5 amended by adding at the end the following:

6 **“SEC. 835. PALLIATIVE CARE AND HOSPICE EDUCATION**
7 **AND TRAINING.**

8 “(a) PROGRAM AUTHORIZED.—The Secretary shall
9 award grants to, or enter into contracts with, eligible enti-
10 ties to develop and implement, in coordination with pro-
11 grams under section 759A, programs and initiatives to
12 train and educate individuals in providing interprofes-
13 sional team-based palliative care in health-related edu-
14 cational, hospital, hospice, home, or long-term care set-
15 tings.

16 “(b) USE OF FUNDS.—An eligible entity that receives
17 a grant under subsection (a) shall use funds under such
18 grant to—

19 “(1) provide training to individuals who will
20 provide palliative care in health-related educational,
21 hospital, home, hospice, or long-term care settings;

22 “(2) develop and disseminate curricula relating
23 to palliative care in health-related educational, hos-
24 pital, home, hospice, or long-term care settings;

1 “(3) train faculty members in palliative care in
2 health-related educational, hospital, home, hospice,
3 or long-term care settings; or

4 “(4) provide continuing education to individuals
5 who provide palliative care in health-related edu-
6 cational, home, hospice, or long-term care settings.

7 “(c) APPLICATION.—An eligible entity desiring a
8 grant under subsection (a) shall submit an application to
9 the Secretary at such time, in such manner, and con-
10 taining such information as the Secretary may reasonably
11 require.

12 “(d) ELIGIBLE ENTITY.—For purposes of this sec-
13 tion, the term ‘eligible entity’ shall include a school of
14 nursing, a health care facility, a program leading to cer-
15 tification as a certified nurse assistant, a partnership of
16 such a school and facility, or a partnership of such a pro-
17 gram and facility.

18 “(e) FUNDING.—To carry out this section, there are
19 appropriated, out of amounts in the Treasury not other-
20 wise appropriated, \$5,000,000 for each of fiscal years
21 2024 through 2028, to remain available until expended.”.

22 (3) DISSEMINATION OF PALLIATIVE CARE IN-
23 FORMATION.—Part A of title IX of the Public
24 Health Service Act (42 U.S.C. 299 et seq.) is

1 amended by adding at the end the following new sec-
2 tion:

3 **“SEC. 904. DISSEMINATION OF PALLIATIVE CARE INFORMA-**
4 **TION.**

5 “(a) IN GENERAL.—Under the authority under sec-
6 tion 902(a) to disseminate information on health care and
7 on systems for the delivery of such care, the Director may
8 disseminate information to inform patients, families, and
9 health professionals about the benefits of palliative care
10 throughout the continuum of care for patients with serious
11 or life-threatening illness.

12 “(b) INFORMATION DISSEMINATED.—

13 “(1) MANDATORY INFORMATION.—If the Direc-
14 tor elects to disseminate information under sub-
15 section (a), such dissemination shall include the fol-
16 lowing:

17 “(A) PALLIATIVE CARE.—Information, re-
18 sources, and communication materials about
19 palliative care as an essential part of the con-
20 tinuum of quality care for patients and families
21 facing serious or life-threatening illness (includ-
22 ing cancer, heart, kidney, liver, lung, and infec-
23 tious diseases; as well as neurodegenerative dis-
24 ease such as dementia, Parkinson’s disease, or
25 amyotrophic lateral sclerosis).

1 “(B) PALLIATIVE CARE SERVICES.—Spe-
2 cific information regarding the services provided
3 to patients by professionals trained in hospice
4 and palliative care, including pain and symptom
5 management, support for shared decision mak-
6 ing, care coordination, psychosocial care, and
7 spiritual care, explaining that such services may
8 be provided starting at the point of diagnosis
9 and alongside curative treatment and are in-
10 tended to—

11 “(i) provide patient-centered and fam-
12 ily-centered support throughout the con-
13 tinuum of care for serious and life-threat-
14 ening illness;

15 “(ii) anticipate, prevent, and treat
16 physical, emotional, social, and spiritual
17 suffering;

18 “(iii) optimize quality of life; and

19 “(iv) facilitate and support the goals
20 and values of patients and families.

21 “(C) PALLIATIVE CARE PROFESSIONALS.—
22 Specific materials that explain the role of pro-
23 fessionals trained in hospice and palliative care
24 in providing team-based care (including pain
25 and symptom management, support for shared

1 decision making, care coordination, psychosocial
2 care, and spiritual care) for patients and fami-
3 lies throughout the continuum of care for seri-
4 ous or life-threatening illness.

5 “(D) RESEARCH.—Evidence-based re-
6 search demonstrating the benefits of patient ac-
7 cess to palliative care throughout the continuum
8 of care for serious or life-threatening illness.

9 “(E) POPULATION-SPECIFIC MATERIALS.—
10 Materials targeting specific populations, includ-
11 ing beneficiaries of Medicare, Medicaid, and the
12 Veterans Health Administration, and patients
13 with serious or life-threatening illness who are
14 among medically underserved populations (as
15 defined in section 330(b)(3)) and families of
16 such patients or health professionals serving
17 medically underserved populations, including
18 pediatric patients, young adult and adolescent
19 patients, racial and ethnic minority populations,
20 and other priority populations specified by the
21 Director.

22 “(2) REQUIRED PUBLICATION.—Information
23 and materials disseminated under paragraph (1)
24 shall be posted on the Internet websites of relevant
25 Federal departments and agencies, including the De-

1 department of Veterans Affairs, the Centers for Medi-
2 care & Medicaid Services, and the Administration on
3 Aging.

4 “(c) CONSULTATION.—The Director shall consult
5 with appropriate professional societies, hospice and pallia-
6 tive care stakeholders, and relevant patient advocate orga-
7 nizations with respect to palliative care, psychosocial care,
8 and complex chronic illness with respect to the following:

9 “(1) The planning and implementation of the
10 dissemination of palliative care information under
11 this section.

12 “(2) The development of information to be dis-
13 seminated under this section.

14 “(3) A definition of the term ‘serious or life-
15 threatening illness’ for purposes of this section.”.

16 (d) CLARIFICATION.—

17 (1) RESTRICTION ON THE USE OF FEDERAL
18 FUNDS.—None of the funds made available under
19 this section (or an amendment made by this section)
20 may be used to provide, promote, or provide training
21 with regard to any item or service for which Federal
22 funding is unavailable under section 3 of Public Law
23 105–12 (42 U.S.C. 14402).

24 (2) ADDITIONAL CLARIFICATION.—As used in
25 this section (or an amendment made by this sec-

1 tion), palliative care and hospice shall not be fur-
2 nished for the purpose of causing, or the purpose of
3 assisting in causing, a patient's death, for any rea-
4 son.

5 (e) ENHANCING NIH RESEARCH IN PALLIATIVE
6 CARE.—

7 (1) IN GENERAL.—Part B of title IV of the
8 Public Health Service Act (42 U.S.C. 284 et seq.)
9 is amended by adding at the end the following new
10 section:

11 **“SEC. 409K. ENHANCING RESEARCH IN PALLIATIVE CARE.**

12 “The Secretary, or his or her designee, shall develop
13 and implement a strategy to be applied across the insti-
14 tutes and centers of the National Institutes of Health to
15 expand and intensify national research programs in pallia-
16 tive care in order to address the quality of care and quality
17 of life for the rapidly growing population of patients in
18 the United States with serious or life-threatening illnesses,
19 including cancer; heart, kidney, liver, lung, and infectious
20 diseases; as well as neurodegenerative diseases such as de-
21 mentia, Parkinson's disease, or amyotrophic lateral sele-
22 rosis.”.

23 (2) EXPANDING TRANS-NIH RESEARCH REPORT-
24 ING TO INCLUDE PALLIATIVE CARE RESEARCH.—

25 Section 402A(c)(2)(B) of the Public Health Service

1 Act (42 U.S.C. 282a(c)(2)(B)) is amended by insert-
2 ing “and, beginning January 1, 2024, for con-
3 ducting or supporting research with respect to pal-
4 liative care” after “or national centers”.

5 **TITLE VI—PILOT PROGRAMS**

6 **SEC. 601. PILOT PROGRAM RELATED TO REDUCING HOS- 7 PITAL READMISSIONS.**

8 (a) IN GENERAL.—The Secretary of Health and
9 Human Services (referred to in this section as the “Sec-
10 retary”) shall establish a pilot program under which the
11 Secretary awards grants to support consortia of eligible
12 entities in implementing evidence-based primary care and
13 other support services that prevent avoidable hospital re-
14 admissions. Grants awarded under this section shall be for
15 a 5-year period beginning in fiscal year 2024.

16 (b) CONSORTIA OF ELIGIBLE ENTITIES.—To be eligi-
17 ble to receive a grant under this section, a consortium of
18 eligible entities shall—

19 (1) consist of Federally-qualified health centers,
20 rural health centers, and Tribal health facilities, all
21 located in a single State, in partnership with a non-
22 profit hospital; and

23 (2) submit an application to the Secretary at
24 such time, in such manner, and containing such in-
25 formation as the Secretary may require.

1 (c) SELECTION OF AWARDEES.—

2 (1) IN GENERAL.—The Secretary shall award 6
3 grants under this section to consortia described in
4 subsection (b). In making such awards, the Sec-
5 retary shall ensure that each consortia receiving a
6 grant operates in a different State.

7 (2) PRIORITY.—In awarding grants under this
8 section, the Secretary shall give priority to applica-
9 tions from consortia proposing to work with—

10 (A) State and local governmental agencies
11 and nonprofit organizations with a dem-
12 onstrated history of successfully providing cul-
13 turally competent, linguistically inclusive sup-
14 port services in their communities;

15 (B) critical access hospitals, as defined in
16 section 1861(mm) of the Social Security Act
17 (42 U.S.C. 1395x(mm)); or

18 (C) medical schools operated by historically
19 Black colleges and universities (as defined by
20 the term ‘part B institution’ in section 322 of
21 the Higher Education Act of 1965) or minority-
22 serving institutions (as described in section 371
23 of the Higher Education Act of 1965).

24 (d) USE OF FUNDS.—A consortia receiving a grant
25 under this section—

1 (1) shall use such funds to provide in-home
2 health services to underserved populations and popu-
3 lations at a high risk for preventable hospital re-
4 admissions, such as low-income individuals, racial
5 and ethnic minorities, older individuals, individuals
6 living in rural areas, medically underserved areas, or
7 health professional shortage areas, and individuals
8 with chronic illnesses following hospital discharge;

9 (2) may use such funds to provide health and
10 non-health community-based services to individuals
11 described in paragraph (1), in addition to the serv-
12 ices described in paragraph (1), to address the social
13 determinants of health and prevent avoidable hos-
14 pital readmissions, such as through non-emergency
15 medical transportation, prescription delivery, care
16 coordination, grocery and meal delivery, nutrition
17 services, housing, utilities assistance; and

18 (3) may use up to 4 percent of the grant
19 amount for planning and development, data collec-
20 tion and reporting, and other administrative pur-
21 poses, such as structured assessment of patient and
22 caregiver needs, including comprehensive discharge
23 planning, patient and caregiver education, ongoing
24 assessment and adjustments to plans, as needed,
25 and care coordination after discharge.

1 (e) REPORTING.—

2 (1) REPORTS FROM CONSORTIA.—Each consor-
3 tium receiving a grant under this section shall sub-
4 mit such reports on the program supported by the
5 grant as the Secretary may require.

6 (2) REPORTS TO CONGRESS.—Not later than 1
7 year after the date on which the program under this
8 section terminates under subsection (g), the Sec-
9 retary shall submit to the Committee on Health,
10 Education, Labor, and Pensions of the Senate and
11 the Committee on Energy and Commerce of the
12 House of Representatives a report on the program.

13 (f) SUNSET.—The grant program under this section
14 shall terminate on September 30, 2028.

15 (g) APPROPRIATIONS.—To carry out this section,
16 there is appropriated, out of amounts in the Treasury not
17 otherwise appropriated, \$30,000,000 for fiscal year 2024,
18 to remain available through the end of fiscal year 2028.

19 **SEC. 602. PILOT PROGRAM RELATED TO HEALTH CARE**
20 **CLINICS FOR PUBLIC EMPLOYEES.**

21 (a) DEFINITIONS.—In this section:

22 (1) ELIGIBLE PATIENT.—The term “eligible pa-
23 tient”—

1 (A) with respect to a grant awarded under
2 subsection (b), means an eligible employee or a
3 dependent of such an employee; and

4 (B) with respect to a contract or compact
5 awarded under subsection (c), means an eligible
6 member or a dependent of such a member.

7 (2) ELIGIBLE EMPLOYEE.—The term “eligible
8 employee” means any individual employed by a
9 State, political subdivision of a State, or an inter-
10 state governmental agency, including a State em-
11 ployee described in section 304(a) of the Govern-
12 ment Employee Rights Act of 1991 (42 U.S.C.
13 2000e–16c(a)).

14 (3) ELIGIBLE MEMBER.—The term “eligible
15 member” means an individual who is a member of
16 an Indian Tribe or Tribal organization that has en-
17 tered into a contract or compact under subsection
18 (c).

19 (4) INDIAN TRIBE; TRIBAL ORGANIZATION.—
20 The terms “Indian Tribe” and “Tribal organiza-
21 tion” have the meanings given such terms in section
22 4 of the Indian Self-Determination and Education
23 Assistance Act (25 U.S.C. 5304).

24 (5) STATE.—The term “State” means any
25 State of the United States, the District of Columbia,

1 the Commonwealth of Puerto Rico, American
2 Samoa, Guam, the United States Virgin Islands, the
3 Commonwealth of the Northern Mariana Islands,
4 and any other territory or possession of the United
5 States.

6 (6) SECRETARY.—The term “Secretary” means
7 the Secretary of Health and Human Services.

8 (b) COMPETITIVE GRANTS.—

9 (1) IN GENERAL.—Beginning in fiscal year
10 2024, the Secretary shall award grants on a com-
11 petitive basis to 6 States to establish and administer
12 at least one health clinic for eligible patients in ac-
13 cordance with the requirements under subsection
14 (d).

15 (2) PERIOD.—Each grant awarded under this
16 subsection shall be for a period of 5 years.

17 (3) APPLICATIONS.—A State seeking a grant
18 under this subsection shall submit an application to
19 the Secretary at such time, in such manner, and
20 containing such information as the Secretary may
21 reasonably require, including—

22 (A) the plan of the State regarding—

23 (i) who will provide services supported
24 by the grant; and

1 (ii) in the case such services are to be
2 provided through a vendor, how the State
3 will oversee and manage the vendor with
4 respect to such services;

5 (B) the geographic proximity of each
6 health clinic the State plans to support through
7 the grant to employee work sites;

8 (C) how the data and other aspects of pri-
9 vacy of eligible patients will be protected;

10 (D) the electronic capability of the State to
11 collect, aggregate, and report data and collabo-
12 rate electronically with other providers serving
13 eligible employees;

14 (E) how the State will comply with the re-
15 quirements under subsection (d);

16 (F) an estimate of the number of eligible
17 employees that will utilize services supported by
18 the grant; and

19 (G) the services that the State will make
20 available through each clinic supported by the
21 grant.

22 (4) PRIORITIZATION OF GRANT AWARDS.—In
23 awarding grants under this subsection to States that
24 apply for such a grant, the Secretary shall consider
25 each of the following:

1 (A) The description of how the State will
2 comply with the requirements under subsection
3 (d) as provided in the application of the State
4 under paragraph (3)(E).

5 (B) The degree to which the grant will im-
6 prove the health care outcomes of eligible em-
7 ployees in the State.

8 (C) The extent of the need of the State for
9 a grant under this subsection and the need to
10 protect the health care needs of the United
11 States as a whole.

12 (c) CONTRACTS OR COMPACTS WITH INDIAN TRIBES
13 AND TRIBAL ORGANIZATIONS.—

14 (1) IN GENERAL.—Beginning in fiscal year
15 2024, the Secretary shall award funding through
16 contracts or compacts pursuant to the Indian Self-
17 Determination and Education Assistance Act (25
18 U.S.C. 5301 et seq.), distributed on a fair and equi-
19 table formula as developed through consultation with
20 Indian Tribes and Tribal organizations, to Indian
21 Tribes and Tribal organizations to establish and ad-
22 minister at least one health clinic for eligible pa-
23 tients in accordance with the requirements under
24 subsection (d).

1 (2) APPLICATIONS.—An Indian Tribe or Tribal
2 organization seeking a contract or compact under
3 this subsection shall submit an application to the
4 Secretary at such time, in such manner, and con-
5 taining such information as the Secretary may rea-
6 sonably require through consultation with Indian
7 Tribes and Tribal organizations.

8 (d) ACTIVITIES AND REQUIREMENTS.—

9 (1) IN GENERAL.—A grant, contract, or com-
10 pact awarded under this section shall be used to es-
11 tablish and administer at least one health clinic to
12 exclusively serve eligible patients and satisfy all re-
13 quirements under paragraph (2).

14 (2) REQUIREMENTS.—The recipient of a grant,
15 contract, or compact under this section shall—

16 (A) ensure that each health clinic estab-
17 lished and administered under this section pro-
18 vides all services to eligible patients at no cost
19 to such patients;

20 (B) compensate each employee of such
21 clinic—

22 (i) on a salary basis or per hour, rath-
23 er than per procedure; and

24 (ii) at a rate that is not less than the
25 higher of—

1 (I) \$17 an hour; or

2 (II) the minimum wage required
3 by other applicable Federal, State, or
4 local law or a collective bargaining
5 agreement;

6 (C) ensure that each such clinic provides,
7 at a minimum, each service described in para-
8 graph (3) and serves an eligible patient popu-
9 lation of at least 5,000 individuals;

10 (D) conduct targeted outreach to eligible
11 employees or eligible members to inform them
12 about the services and activities provided
13 through such grant, contract, or compact;

14 (E) ensure that health insurance premiums
15 for eligible employees or eligible members are
16 not increased based on projected or actual cost
17 savings to such employees, members, or the re-
18 cipient based upon receipt of the grant, con-
19 tract, or compact;

20 (F) conduct regular monitoring of the per-
21 formance of vendors carrying out services sup-
22 ported by the grant, contract, or compact; and

23 (G) monitor performance and outcomes of
24 the health clinic supported by the grant, con-
25 tract, or compact and submit to the Secretary

1 an annual report on such performance and out-
2 comes.

3 (3) HEALTH CLINIC SERVICES.—The services
4 described in this paragraph are the required primary
5 health services described in section 330(b)(1) of the
6 Public Health Service Act (42 U.S.C. 254(b)(1)).

7 (e) AMOUNT.—Each grant awarded under subsection
8 (b), or funding through a contract or compact under sub-
9 section (c), shall be in an amount not to exceed
10 \$5,000,000.

11 (f) FUNDING.—

12 (1) GENERAL APPROPRIATIONS.—

13 (A) IN GENERAL.—For purposes of award-
14 ing grants, contracts, or compacts under this
15 section, there is appropriated, out of amounts
16 in the Treasury not otherwise appropriated,
17 30,000,000 for fiscal year 2024.

18 (B) CONTRACTS AND COMPACTS.—Of the
19 amount appropriated under subparagraph (A),
20 not less than 5 percent shall be reserved for
21 purposes of carrying out subsection (c).

22 (2) TECHNICAL ASSISTANCE.—

23 (A) IN GENERAL.—For purposes of pro-
24 viding technical assistance to States, Indian
25 Tribes, and Tribal organizations completing

1 and submitting applications under this section,
2 there is appropriated, out of amounts in the
3 Treasury not otherwise appropriated—

4 (i) for fiscal year 2024, \$1,000,000;

5 and

6 (ii) for each of fiscal years 2025
7 through 2028, the amount appropriated
8 under this paragraph for the preceding fis-
9 cal year increased by the percentage in-
10 crease in the consumer price index for all
11 urban consumers (all items; United States
12 city average) for the most recent 12-month
13 period for which applicable data is avail-
14 able.

15 (3) AVAILABILITY.—Amounts appropriated
16 under this subsection shall remain available through
17 the end of fiscal year 2028.

18 (4) STATE FUNDING.—A State receiving a
19 grant under subsection (b) may use non-Federal
20 funding to supplement the program supported by
21 such grant.

22 **SEC. 603. COMMUNITY-BASED TRAINING OF DENTAL STU-**
23 **DENTS.**

24 (a) IN GENERAL.—The Secretary of Health and
25 Human Services (referred to in this section as the “Sec-

1 retary”) shall establish a pilot program under which the
2 Secretary awards grants to eligible entities for the purpose
3 of supporting the community-based training of dental stu-
4 dents. Such grants shall be for a 5-year period, beginning
5 in fiscal year 2024.

6 (b) ELIGIBLE ENTITIES.—To be eligible to receive a
7 grant under this section, an entity shall—

8 (1) be a Federally-qualified health center, rural
9 health center, or Tribal health facility; and

10 (2) submit an application to the Secretary at
11 such time, in such manner, and containing such in-
12 formation as the Secretary may require.

13 (c) SELECTION OF AWARDEES.—

14 (1) IN GENERAL.—The Secretary shall award 6
15 grants under this section to eligible entities de-
16 scribed in subsection (b). In making such awards,
17 the Secretary shall ensure that each entity receiving
18 a grant operates in a different State (including each
19 of the several States and the District of Columbia),
20 territory, or Tribal territory.

21 (2) PRIORITY.—In awarding grants under this
22 section, the Secretary shall give priority to eligible
23 entities that—

24 (A) have a focus on training students in
25 rural and underserved areas;

1 (B) partner with dental professional
2 schools and programs associated with a histori-
3 cally Black college or university (as defined by
4 the term ‘part B institution’ in section 322 of
5 the Higher Education Act of 1965) or minority-
6 serving institution (as described in section 371
7 of the Higher Education Act of 1965); or

8 (C) are located in a State or geographic
9 area without a dental school.

10 (d) USE OF FUNDS.—An eligible entity receiving a
11 grant under this section—

12 (1) shall use such funds to establish a training
13 program for dental, dental hygienist, dental therapy,
14 and dental assistant students in a community-based,
15 outpatient setting;

16 (2) may use such funds—

17 (A) to support faculty and preceptor wages
18 and living stipends for trainees; or

19 (B) to purchase equipment, education
20 tools, and make renovations or alterations to a
21 training site; and

22 (3) may use up to 5 percent of the grant
23 amount for planning and development, data collec-
24 tion and reporting, other administrative purposes.

25 (e) REPORTING.—

1 (1) REPORTS FROM ELIGIBLE ENTITIES.—Each
2 eligible entity receiving a grant under this section
3 shall submit such reports on the program supported
4 by the grant as the Secretary may require.

5 (2) REPORTS TO CONGRESS.—Not later than 1
6 year after the date on which the program under this
7 section terminates under subsection (g), the Sec-
8 retary shall submit to the Committee on Health,
9 Education, Labor, and Pensions of the Senate and
10 the Committee on Energy and Commerce of the
11 House of Representatives a report on the program.

12 (f) SUNSET.—The grant program under this section
13 shall terminate on September 30, 2028.

14 (g) APPROPRIATIONS.—To carry out this section,
15 there is appropriated, out of amounts in the Treasury not
16 otherwise appropriated, \$4,500,000 for fiscal year 2024,
17 to remain available through the end of fiscal year 2028.

18 **TITLE VII—MISCELLANEOUS**

19 **HEALTH WORKFORCE**

20 **SEC. 701. TELEHEALTH TECHNOLOGY-ENABLED LEARNING**

21 **PROJECT (PROJECT ECHO).**

22 Subsection (k) of section 330N of the Public Health
23 Service Act (42 U.S.C. 254c–20) is amended to read as
24 follows:

25 “(k) APPROPRIATIONS.—

1 “(1) IN GENERAL.—To carry out this section,
2 there are appropriated, out of amounts in the Treas-
3 ury not otherwise appropriated, \$20,000,000 for
4 each of fiscal years 2024 through 2028, to remain
5 available until expended.

6 “(2) RESERVED AMOUNT.—Of the amount ap-
7 propriated under paragraph (1) for fiscal year 2024,
8 the Secretary shall reserve not less than 10 percent
9 for grants under this section to eligible entities that
10 are health centers receiving a grant under section
11 330.”.

12 **SEC. 702. RURAL HEALTH WORKFORCE PATHWAY ACT.**

13 (a) SHORT TITLE.—This section may be cited as the
14 “Rural Health Workforce Pathway Act”.

15 (b) ESTABLISHMENT OF PROGRAM.—Part D of title
16 VII of the Public Health Service Act (42 U.S.C. 294 et
17 seq.), as amended by section 306, is further amended by
18 adding at the end the following:

19 **“SEC. 760B. RURAL HEALTH WORKFORCE GRANT PRO-**
20 **GRAM.**

21 “(a) DEFINITIONS.—In this section:

22 “(1) CARL D. PERKINS CAREER AND TECH-
23 NICAL EDUCATION ACT DEFINITIONS.—The terms
24 ‘career guidance and academic counseling’ and ‘pro-
25 gram of study’ have the meanings given the terms

1 in section 3 of the Carl D. Perkins Career and Tech-
2 nical Education Act of 2006.

3 “(2) ESEA DEFINITIONS.—The terms ‘elemen-
4 tary school’, ‘local educational agency’, and ‘sec-
5 ondary school’ have the meanings given the terms in
6 section 8101 of the Elementary and Secondary Edu-
7 cation Act of 1965.

8 “(3) INSTITUTION OF HIGHER EDUCATION.—
9 The term ‘institution of higher education’ means an
10 institution of higher education as defined in section
11 101 of the Higher Education Act of 1965 or a post-
12 secondary vocational institution, as defined in sec-
13 tion 102(c) of such Act.

14 “(4) WORKFORCE INNOVATION AND OPPOR-
15 TUNITY ACT DEFINITIONS.—The terms ‘career path-
16 way’, ‘industry or sector partnership’, and ‘local
17 board’ have the meanings given the terms in section
18 3 of the Workforce Innovation and Opportunity Act.

19 “(b) AUTHORIZATION OF GRANTS.—

20 “(1) IN GENERAL.—The Secretary, acting
21 through the Administrator of the Health Resources
22 and Services Administration and in consultation
23 with the Secretary of Education, shall award grants
24 on a competitive basis to eligible entities to develop
25 career exploration programs aligned to career and

1 technical education programs of study to bring
2 awareness to public elementary school and secondary
3 school students in underserved rural communities
4 about health care professions careers and provide
5 children and youth underserved rural community
6 health care experiences related to such careers.

7 “(2) GRANT PERIOD.—Each grant awarded
8 under this section shall be for a period not to exceed
9 5 years.

10 “(c) ELIGIBLE ENTITIES.—

11 “(1) IN GENERAL.—To be eligible to receive a
12 grant under this section, an entity shall meet the fol-
13 lowing requirements:

14 “(A) Be a consortium consisting of a local
15 educational agency and at least 2 of the fol-
16 lowing:

17 “(i) An institution of higher education
18 (as defined in section 101 of the Higher
19 Education Act of 1965) that provides a
20 recognized postsecondary credential in
21 health care.

22 “(ii) A health care practice, facility,
23 or provider organization.

1 “(iii) A State, Indian Tribe or Tribal
2 organization, or a local governmental enti-
3 ty.

4 “(iv) A local board.

5 “(v) An industry or sector partner-
6 ship.

7 “(vi) A nonprofit organization rep-
8 resenting the interests of underserved rural
9 communities and rural health care.

10 “(vii) An area health education cen-
11 ter.

12 “(viii) A rural health clinic.

13 “(ix) Any other entity as determined
14 appropriate by the Secretary.

15 “(B) Submit an application to the Sec-
16 retary at such time, in such manner, and con-
17 taining such information that the Secretary
18 may require, including a plan for the long-term
19 tracking of participants supported by the grant
20 under this section.

21 “(2) MATCHING FUNDS.—In order to ensure
22 the institutional commitment of an entity to a pro-
23 gram supported by a grant under this section, to be
24 eligible to receive such a grant, the Secretary may
25 require the entity seeking such grant to agree to

1 make available (directly or through contributions
2 from State, county or municipal governments, or the
3 public or private sector) recurring non-Federal con-
4 tributions in cash or in kind (including plant, equip-
5 ment, or services) towards the costs of operating the
6 program in an amount that is equal to not less than
7 20 percent of the total costs of operating such pro-
8 gram.

9 “(d) PRIORITY.—In awarding grants under this sec-
10 tion, the Secretary shall give priority to eligible entities
11 that—

12 “(1) include in its consortium—

13 “(A) an entity that has demonstrated
14 alignment with a State plan or local application
15 developed under the Carl D. Perkins Career
16 and Technical Education Act of 2006;

17 “(B) a high-need local educational agency,
18 as defined in section 200 of the Higher Edu-
19 cation Act of 1965, or a local educational agen-
20 cy eligible to receive assistance under part B of
21 title V of the Elementary and Secondary Edu-
22 cation Act of 1965;

23 “(C) an institution of higher education at
24 which at least 30 percent of the enrolled stu-
25 dents are Federal Pell Grant recipients; or

1 “(D) a minority-serving institution of high-
2 er education described in any of paragraphs (1)
3 through (7) of section 371(a) of the Higher
4 Education Act of 1965; and

5 “(2) provide a plan to sustain the program
6 funded under the grant beyond the period of the
7 grant.

8 “(e) USE OF FUNDS; REQUIREMENTS.—An eligible
9 entity receiving a grant under this section shall use the
10 grant funds to establish, improve, or expand an under-
11 served rural community training program for public ele-
12 mentary school students and secondary school students
13 that meets the following requirements:

14 “(1) Carrying out program planning, includ-
15 ing—

16 “(A) development and support of a coordi-
17 nating body to organize, administer, and over-
18 see the activities of the consortium;

19 “(B) conducting a needs analysis using
20 data, including community demographics, work-
21 force estimates, and capacity of training pro-
22 grams to direct work of the consortium; and

23 “(C) developing a regional articulation
24 plan that benefits students with respect to re-

1 ducing barriers to program entry, reducing time
2 to graduation, and lower cost training options.

3 “(2) Carrying out age-appropriate education ac-
4 tivities and promotion of the program that align
5 with section 135(b)(1) of the Carl D. Perkins Career
6 and Technical Education Act of 2006, including—

7 “(A) engaging and exposing public elemen-
8 tary school students in underserved rural com-
9 munities to health career workforce opportuni-
10 ties, and including caregivers as practicable;

11 “(B) engaging and exposing public sec-
12 ondary school students in underserved rural
13 communities to health career workforce oppor-
14 tunities in such communities, including pro-
15 viding career guidance and academic counseling
16 on health care professions career opportunities;

17 “(C) developing strategies to address resil-
18 iency and mental health among public elemen-
19 tary school and secondary school students in
20 underserved rural communities interested in
21 health care professions careers in such commu-
22 nities;

23 “(D) providing age-appropriate mentoring,
24 academic enrichment, career exploration or sup-
25 port for public elementary school and secondary

1 school students in underserved rural commu-
2 nities, carried out by health care professionals
3 or peers;

4 “(E) enrolling secondary school students
5 (including those in underserved rural commu-
6 nities) in health care career and technical edu-
7 cation programs of study or career pathways in
8 underserved rural communities;

9 “(F) developing and enrolling of public
10 secondary school students in pre- and youth-ap-
11 prenticeships or summer programs that provide
12 clinical or other health care professions focused
13 experiences in underserved rural communities;

14 “(G) collaborating with career and tech-
15 nical education and institutions of higher edu-
16 cation to design and implement innovative mod-
17 els of rural health training education that in-
18 cludes an underserved rural community-based
19 approach to distance learning educational op-
20 portunities;

21 “(H) providing financial supplemental sup-
22 port for student transportation to, and housing
23 at, the program site, as appropriate; and

24 “(I) such other activities as the Secretary
25 determines appropriate.

1 “(3) Each such program shall be carried out for
2 a term of not less than 5 years.

3 “(f) TECHNICAL ASSISTANCE.—The Administrator of
4 the Health Resources and Services Administration shall,
5 directly or indirectly, provide technical assistance to grant
6 recipients for purposes of carrying out the programs de-
7 scribed in subsection (e).

8 “(g) REPORTING.—

9 “(1) ANNUAL REPORTING BY RECIPIENTS.—

10 “(A) IN GENERAL.—An eligible entity re-
11 ceiving a grant under this section shall submit
12 an annual report to the Secretary on the
13 progress of the program supported by such
14 grant, based on criteria the Secretary deter-
15 mines appropriate, including the program selec-
16 tion of students who participated in the pro-
17 gram.

18 “(B) CONTENTS.—Each report required
19 under subparagraph (A) shall include any data
20 requested by the Secretary, which may include,
21 as appropriate, the number of participants and
22 the demographics of such participants served by
23 the program supported by the grant, including
24 the number of participants who enrolled in the

1 program and withdrew prior to completion of
2 the program.

3 “(2) REPORTS TO CONGRESS.—

4 “(A) ANNUAL REPORTS.—Not later than 2
5 years after the date of enactment of the Pri-
6 mary Care and Health Workforce Expansion
7 Act, and annually thereafter until all programs
8 supported through a grant under this section
9 are completed, the Secretary shall prepare and
10 submit to Congress a report that includes the
11 progress of each program supported by a grant
12 under this section and the challenges experi-
13 enced by grantees with respect to such pro-
14 grams.

15 “(B) GRANT CYCLE FINAL REPORT.—The
16 Administrator of the Health Resources and
17 Services Administration shall submit a report to
18 Congress on the lessons learned through the
19 programs supported by grants under this sec-
20 tion and that based on such lessons identifies
21 best practices for career exploration programs
22 with a focus on underserved rural communities.

23 “(h) SUPPLEMENT NOT SUPPLANT.—Any eligible en-
24 tity receiving funds under this section shall use such funds
25 to supplement, not supplant, any other Federal, State, and

1 local funds that would otherwise be expended by such enti-
2 ty to carry out the activities described in this section.

3 “(i) FUNDING.—There are appropriated, out of
4 amounts in the Treasury not otherwise appropriated,
5 \$5,000,000 for each of fiscal years 2024 through 2028,
6 to remain available until expended.”.

7 **SEC. 703. HEALTH WORKER WELL-BEING.**

8 (a) IN GENERAL.—The Secretary of Health and
9 Human Services (referred to in this section as the “Sec-
10 retary”), in coordination with the Director of the National
11 Institute for Occupational Safety and Health, the Assist-
12 ant Secretary for Mental Health and Substance Use, and
13 the Administrator of the Health Resources and Services
14 Administration, shall—

15 (1) not later than 1 year after the date of en-
16 actment of this Act, develop a research-based tool
17 for assessing health worker well-being, as described
18 in subsection (b); and

19 (2) not less frequently than biennially, collect
20 deidentified data on health worker well-being using
21 the tool developed pursuant to paragraph (1) and
22 make such data publicly available as described in
23 subsection (c).

1 (b) ASSESSMENT TOOL.—The tool for the assessment
2 of health worker well-being developed under subsection
3 (a)(1) shall—

4 (1) include the use of an anonymous, voluntary,
5 validated worker survey; and

6 (2) at minimum, assess the views of health
7 workers on—

8 (A) workplace policies and culture;

9 (B) workplace physical environment and
10 safety;

11 (C) circumstances outside of work impact-
12 ing performance; and

13 (D) physical and mental health status of
14 workers.

15 (c) PUBLIC AVAILABILITY OF AGGREGATE DATA AND
16 THE ASSESSMENT TOOL.—The Secretary shall—

17 (1) make available, through a publicly-available
18 data repository, aggregated and de-identified data
19 collected by the voluntary assessment of health
20 worker well-being under subsection (a);

21 (2) make the assessment tool developed under
22 subsection (a)(1) publicly available in a format that
23 allows employers, researchers, and other entities to
24 voluntarily use and administer such assessment for

1 purposes of using information collected by the as-
2 sessment to improve health worker well-being; and

3 (3) conduct outreach to employers, researchers,
4 and other relevant entities to increase awareness of
5 the availability of the tool for the assessment of
6 health worker well-being.

7 (d) BURDEN ON PARTICIPANTS.—In developing the
8 assessment tool under subsection (a)(1), the Secretary
9 shall minimize the burden of the voluntary data collection
10 process using such tool on the health workers who are
11 being assessed.

12 (e) CONFIDENTIALITY.—The Secretary shall ensure
13 that the assessment tool developed under subsection
14 (a)(1), the process of data collection under subsection (a),
15 and the publicly available data under subsection (c)(1), do
16 not involve the collection or disclosure of any individually
17 identifiable information on the workers who are being as-
18 sessed.

19 (f) RULE OF CONSTRUCTION.—Nothing in this Act
20 shall be construed to require that the assessment tool de-
21 veloped under subsection (a)(1) or the data collected
22 through such tool be used for purposes of quality measure-
23 ment or payment systems under the Medicare program
24 under title XVIII of the Social Security Act (42 U.S.C.

1 1395 et seq.) or the Medicaid program under title XIX
2 of the Social Security Act (42 U.S.C. 1396 et seq.).

3 (g) REPORT.—Not later than 2 years after the date
4 of enactment of this Act, and biennially thereafter, the
5 Secretary shall—

6 (1) submit to Congress a report on the findings
7 of the assessment under subsection (a), including
8 any recommendations to address health worker well-
9 being; and

10 (2) make such report publicly available.

11 (h) HEALTH WORKER WELL-BEING.—For purposes
12 of this Act, the term “health worker well-being” means
13 the quality of life with respect to the health and work-
14 related environment of an individual as related to organi-
15 zational and psychosocial factors.

16 (i) FUNDING.—To carry out this section, there is ap-
17 propriated, out of amounts in the Treasury not otherwise
18 appropriated, \$3,000,000 for each of fiscal years 2024
19 through 2028, to remain available until expended.

20 **SEC. 704. WELCOME BACK TO THE HEALTH CARE WORK-**
21 **FORCE.**

22 Subpart 3 of part E of title VII of the Public Health
23 Service Act (42 U.S.C. 295f et seq.) is amended by adding
24 at the end the following:

1 **“SEC. 778A. WELCOME BACK TO THE HEALTH CARE WORK-**
2 **FORCE.**

3 “(a) GRANTS AUTHORIZED.—

4 “(1) IN GENERAL.—Not later than 1 year after
5 the date of enactment of the Primary Care and
6 Health Workforce Expansion Act, the Secretary
7 shall award grants to eligible entities to provide ca-
8 reer support for internationally educated health care
9 professionals to integrate into, and expand, the
10 health care workforce.

11 “(2) CONSULTATION.—Before awarding any
12 grants under this section, the Secretary shall consult
13 with the Secretary of Labor and the Secretary of
14 Education.

15 “(b) APPLICATION.—

16 “(1) IN GENERAL.—An eligible entity desiring a
17 grant under this section shall submit to the Sec-
18 retary an application at such time, in such manner,
19 and containing such information as the Secretary
20 may require.

21 “(2) CONTENTS.—An application submitted
22 under paragraph (1) shall include—

23 “(A) a description of each project de-
24 scribed in subsection (d) that the eligible entity
25 proposes to develop or continue under the
26 grant;

1 “(B) information demonstrating that the
2 eligible entity has the capacity to fully carry out
3 and administer such projects;

4 “(C) a plan for the proposed projects that
5 includes, at a minimum—

6 “(i) demographic information regard-
7 ing the population to be served by the
8 grant and how the current health care
9 workforce, as of the date of application, is
10 not meeting the health needs of the com-
11 munity to be served, including information
12 on the health care workforce shortages in
13 the area to be served by the grant; and

14 “(ii) a description of how the eligible
15 entity will make use of grant funds to sup-
16 port the identification and advancement of
17 internationally educated health care profes-
18 sionals in the geographic area to be served
19 by the grant;

20 “(D) a description of the eligible entity’s
21 experience in working with internationally edu-
22 cated health care professionals;

23 “(E) a description of the partnership the
24 eligible entity has formed with various entities,

1 including institutions of higher education and
2 health care employers; and

3 “(F) any additional information deter-
4 mined relevant by the Secretary.

5 “(c) PRIORITY.—In awarding grants under this sec-
6 tion, the Secretary shall give priority to eligible entities
7 whose projects support the recruitment and retention of—

8 “(1) internationally educated health care pro-
9 fessionals in professions in communities experiencing
10 gaps between their existing health care workforce, as
11 of the date of the application for the grant, and the
12 needs of the community; or

13 “(2) internationally educated health care pro-
14 fessionals in rural communities.

15 “(d) USE OF FUNDS.—

16 “(1) SUPPORTED PROJECTS.—

17 “(A) IN GENERAL.—Subject to paragraphs
18 (2) and (3), an eligible entity receiving a grant
19 under this section shall use grant funds to
20 carry out—

21 “(i) 1 or more system-level improve-
22 ment projects described in subparagraph
23 (B); and

1 “(ii) 1 or more individual-level im-
2 provement projects described in subpara-
3 graph (C).

4 “(B) SYSTEM-LEVEL IMPROVEMENTS.—A
5 project described in this subparagraph expands
6 culturally and linguistically competent supports
7 for internationally educated health care profes-
8 sionals, which may include—

9 “(i) establishing a network of partners
10 that offer prerequisite educational opportu-
11 nities and continuing education opportuni-
12 ties;

13 “(ii) developing peer support and
14 mentoring opportunities;

15 “(iii) educating employers regarding
16 the abilities and capacities of internation-
17 ally educated health care professionals;

18 “(iv) developing career ladder oppor-
19 tunities for internationally educated health
20 care professionals, such as—

21 “(I) developing a system to pro-
22 vide ongoing supportive services once
23 employment is obtained;

24 “(II) funding leadership develop-
25 ment, continuing education, pre-

1 paratory classes, examinations, and li-
2 censing and certification costs, in
3 order to support health care workforce
4 advancement; or

5 “(III) education and support on
6 how to serve as an educator in a clin-
7 ical or academic setting; or

8 “(v) creating and carrying out
9 projects for the purposes of increasing the
10 retention of internationally educated health
11 care professionals in the health care work-
12 force.

13 “(C) INDIVIDUAL-LEVEL IMPROVE-
14 MENTS.—A project described in this subpara-
15 graph tailors individual support for internation-
16 ally educated health care professionals, which
17 may include—

18 “(i) support for the licensing process;

19 “(ii) funding and facilitating access to
20 accelerated and contextualized courses on
21 English as a second language and board or
22 licensure examination preparation;

23 “(iii) culturally competent, linguis-
24 tically inclusive, individualized career coun-
25 seling and coaching;

1 “(iv) individualized guidance and sup-
2 port for the credentialing evaluation pro-
3 cess;

4 “(v) providing individualized work-
5 readiness supports and clinical experience
6 and training for internationally educated
7 health care professionals who need such
8 supports, experience, or training;

9 “(vi) educating internationally edu-
10 cated health care professionals employed
11 by the eligible entity on their rights as em-
12 ployees;

13 “(vii) providing individualized sup-
14 portive services to internationally educated
15 health care professionals in order to sup-
16 port their employment, retention, or career
17 advancement, which may include support
18 for living expenses, health care, or trans-
19 portation; or

20 “(viii) assisting internationally edu-
21 cated health care professionals in obtaining
22 overseas academic or training records.

23 “(2) USE FOR ADMINISTRATIVE COSTS.—Each
24 eligible entity receiving a grant under this section
25 may use not more than 10 percent of the grant

1 funds for costs associated with the administration of
2 the projects under this subsection.

3 “(3) MINIMUM REQUIREMENT TO PROVIDE DI-
4 RECT SUPPORT.—Each eligible entity receiving a
5 grant under this section shall use not less than 20
6 percent of the grant funds to carry out projects de-
7 scribed in paragraph (1)(B).

8 “(e) SUPPLEMENT, NOT SUPPLANT.—An eligible en-
9 tity receiving a grant under this section shall use such
10 grant only to supplement, and not supplant, the amount
11 of funds that otherwise would be available to address the
12 recruitment, training and education, retention, and ad-
13 vancement of internationally educated health care profes-
14 sionals in the health care workforce of the State or region
15 served by the eligible entity.

16 “(f) EVALUATIONS AND REPORTS.—

17 “(1) REPORTING REQUIREMENTS BY GRANT
18 RECIPIENTS.—

19 “(A) IN GENERAL.—An eligible entity re-
20 ceiving a grant under this section shall annually
21 provide a report on the grant to the Secretary,
22 at such time and containing such data and in-
23 formation as requested by the Secretary.

24 “(B) CONTENTS.—The report submitted
25 under subparagraph (A) shall include—

1 “(i) the number of internationally
2 educated health care professionals who
3 participated in the projects supported
4 under the grant; and

5 “(ii) for each project carried out
6 under the grant, in the aggregate and
7 disaggregated by the demographic cat-
8 egories as required by the Secretary—

9 “(I) the number of internation-
10 ally educated health care professionals
11 who accessed services, benefits, or
12 supports through the project;

13 “(II) the number of internation-
14 ally educated health care professionals
15 who through the project attained em-
16 ployment in the health care workforce,
17 in the aggregate and disaggregated by
18 occupation and industry;

19 “(III) the number of internation-
20 ally educated health care professionals
21 who participated in the project and
22 withdrew, unsuccessfully attempted to
23 obtain board certification, or were ter-
24 minated from the project without
25 completing training or attaining em-

1 “(E) A State government, local govern-
2 ment, or Indian Tribe.

3 “(F) A Federally qualified health center.

4 “(G) Any other type of entity determined
5 appropriate by the Secretary.

6 “(2) EMPLOY; EMPLOYER.—The terms ‘employ’
7 and ‘employer’ have the meanings given the terms in
8 section 3 of the Fair Labor Standards Act of 1938.

9 “(3) HEALTH CARE WORKFORCE.—The term
10 ‘health care workforce’ means the workforce com-
11 prised of health care providers with direct patient
12 care and support responsibilities and public health
13 workers.

14 “(4) INDIAN TRIBE.—The term ‘Indian Tribe’
15 means the recognized governing body of any Indian
16 or Alaska Native Tribe, band, nation, pueblo, village,
17 community band, or component reservation individ-
18 ually identified (including parenthetically) in the list
19 published most recently as of the date of enactment
20 of the Primary Care and Health Workforce Expans-
21 sion Act, pursuant to section 104 of the Federally
22 Recognizes Indian Tribe List Act of 1994 (25
23 U.S.C. 5131).

24 “(5) INSTITUTION OF HIGHER EDUCATION.—
25 The term ‘institution of higher education’ has the

1 meaning given the term in section 101 of the Higher
2 Education Act of 1965.

3 “(6) INTERNATIONALLY EDUCATED HEALTH
4 CARE PROFESSIONAL.—The term ‘internationally
5 educated health care professional’ means an indi-
6 vidual who—

7 “(A) completed the education requirements
8 for a health care workforce profession in an-
9 other country; and

10 “(B) is—

11 “(i) lawfully admitted for permanent
12 residence;

13 “(ii) admitted as a refugee under sec-
14 tion 207 of the Immigration and Nation-
15 ality Act;

16 “(iii) granted asylum under section
17 208 of such Act; or

18 “(iv) an alien otherwise authorized to
19 be employed in the United States.

20 “(h) FUNDING.—To carry out this section, there are
21 appropriated, out of amounts in the Treasury not other-
22 wise appropriated, such sums as may be necessary for
23 each of fiscal years 2024 through 2028, to remain avail-
24 able until expended.”.

1 **SEC. 705. ALLIED HEALTH OPPORTUNITY ACT.**

2 (a) SHORT TITLE.—This section may be cited as the
3 “Allied Health Opportunity Act”.

4 (b) AWARDS FOR ALLIED HEALTH AND OTHER DIS-
5 CIPLINES.—Section 755(b)(1) of the Public Health Serv-
6 ice Act (42 U.S.C. 294e(b)(1)) is amended—

7 (1) in subparagraph (B), by striking “to indi-
8 viduals who have baccalaureate degrees in health-re-
9 lated sciences”;

10 (2) in the flush text at the end of subparagraph
11 (I), by striking “; and” and inserting a semicolon;

12 (3) in subparagraph (J), by striking the period
13 and inserting “; and”; and

14 (4) by adding at the end the following:

15 “(K) those that establish or support a dual
16 or concurrent enrollment program (as defined
17 in section 8101 of the Elementary and Sec-
18 ondary Education Act of 1965) if the dual or
19 concurrent enrollment program—

20 “(i) provides outreach on allied health
21 careers requiring an industry-recognized
22 credential, a certificate, or an associate de-
23 gree, to all public high schools served by
24 the local educational agency that is a part-
25 ner in the partnership offering the dual or
26 concurrent enrollment program;

1 “(ii) provides information to high
2 school students about the training require-
3 ments and expected salary of allied health
4 professions; and

5 “(iii) provides academic and financial
6 aid counseling to students who participate
7 in the dual or concurrent enrollment pro-
8 gram.”.

9 **SEC. 706. WORKPLACE VIOLENCE PREVENTION FOR**
10 **HEALTH CARE AND SOCIAL SERVICE WORK-**
11 **ERS.**

12 (a) WORKPLACE VIOLENCE PREVENTION STAND-
13 ARD.—

14 (1) IN GENERAL.—

15 (A) INTERIM FINAL STANDARD.—

16 (i) IN GENERAL.—Not later than 1
17 year after the date of enactment of this
18 Act, the Secretary of Labor shall issue an
19 interim final standard on workplace vio-
20 lence prevention—

21 (I) to require certain employers
22 in the health care and social service
23 sectors, and certain employers in sec-
24 tors that conduct activities similar to
25 the activities in the health care and

1 social service sectors, to develop and
2 implement a comprehensive workplace
3 violence prevention plan and carry out
4 other activities or requirements de-
5 scribed in paragraph (3) to protect
6 health care workers, social service
7 workers, and other personnel from
8 workplace violence;

9 (II) that shall, at a minimum, be
10 based on the Guidelines for Pre-
11 venting Workplace Violence for
12 Healthcare and Social Service Work-
13 ers published by the Occupational
14 Safety and Health Administration of
15 the Department of Labor in 2015 and
16 adhere to the requirements of this
17 subtitle; and

18 (III) that provides for a period
19 determined appropriate by the Sec-
20 retary, not to exceed 1 year, during
21 which the Secretary shall prioritize
22 technical assistance and advice con-
23 sistent with section 21(d) of the Occu-
24 pational Safety and Health Act of
25 1970 (29 U.S.C. 670(d)) to employers

1 subject to the standard with respect
2 to compliance with the standard.

3 (ii) INAPPLICABLE PROVISIONS OF
4 LAW AND EXECUTIVE ORDER.—The fol-
5 lowing provisions of law and Executive or-
6 ders shall not apply to the issuance of the
7 interim final standard under this subpara-
8 graph:

9 (I) The requirements applicable
10 to occupational safety and health
11 standards under section 6(b) of the
12 Occupational Safety and Health Act
13 of 1970 (29 U.S.C. 655(b)).

14 (II) The requirements of chap-
15 ters 5 and 6 of title 5, United States
16 Code.

17 (III) Subchapter I of chapter 35
18 of title 44, United States Code (com-
19 monly referred to as the “Paperwork
20 Reduction Act”).

21 (IV) Executive Order No. 12866
22 (58 Fed. Reg. 51735; relating to reg-
23 ulatory planning and review), as
24 amended.

1 (iii) NOTICE AND COMMENT.—Not-
2 withstanding clause (ii)(II), the Secretary
3 shall, prior to issuing the interim final
4 standard under this subparagraph, provide
5 notice in the Federal Register of the in-
6 terim final standard and a 30-day period
7 for public comment.

8 (iv) EFFECTIVE DATE OF INTERIM
9 STANDARD.—The interim final standard
10 shall—

11 (I) take effect on a date that is
12 not later than 30 days after issuance,
13 except that such interim final stand-
14 ard may include a reasonable phase-in
15 period for the implementation of re-
16 quired engineering controls that take
17 effect after such date;

18 (II) be enforced in the same
19 manner and to the same extent as any
20 standard promulgated under section
21 6(b) of the Occupational Safety and
22 Health Act of 1970 (29 U.S.C.
23 655(b)); and

1 (III) be in effect until the final
2 standard described in subparagraph
3 (B) becomes effective and enforceable.

4 (v) FAILURE TO PROMULGATE.—If an
5 interim final standard described in clause
6 (i) is not issued not later than 1 year of
7 the date of enactment of this Act, the pro-
8 visions of this subsection shall be in effect
9 and enforced in the same manner and to
10 the same extent as any standard promul-
11 gated under section 6(b) of the Occupa-
12 tional Safety and Health Act of 1970 (29
13 U.S.C. 655(b)) until such provisions are
14 superseded in whole by an interim final
15 standard issued by the Secretary that
16 meets the requirements of clause (i).

17 (B) FINAL STANDARD.—

18 (i) PROPOSED STANDARD.—Not later
19 than 2 years after the date of enactment
20 of this Act, the Secretary of Labor shall,
21 pursuant to section 6 of the Occupational
22 Safety and Health Act of 1970 (29 U.S.C.
23 655), promulgate a proposed standard on
24 workplace violence prevention—

1 (I) for the purposes described in
2 subparagraph (A)(i)(I); and

3 (II) that shall include, at a min-
4 imum, requirements contained in the
5 interim final standard required under
6 subparagraph (A).

7 (ii) FINAL STANDARD.—Not later
8 than 42 months after the date of enact-
9 ment of this Act, the Secretary shall issue
10 a final standard on such proposed stand-
11 ard that shall—

12 (I) provide no less protection
13 than any workplace violence standard
14 adopted by a State plan that has been
15 approved by the Secretary under sec-
16 tion 18 of the Occupational Safety
17 and Health Act of 1970 (29 U.S.C.
18 667), provided the Secretary finds
19 that the final standard is feasible on
20 the basis of the best available evi-
21 dence; and

22 (II) be effective and enforceable
23 in the same manner and to the same
24 extent as any standard promulgated
25 under section 6(b) of the Occupational

1 Safety and Health Act of 1970 (29
2 U.S.C. 655(b)).

3 (2) SCOPE AND APPLICATION.—In this sub-
4 section:

5 (A) COVERED FACILITY.—

6 (i) IN GENERAL.—The term “covered
7 facility” includes the following:

8 (I) Any hospital, including any
9 specialty hospital, in-patient or out-
10 patient setting, or clinic operating
11 within a hospital license, or any set-
12 ting that provides outpatient services.

13 (II) Any residential treatment fa-
14 cility, including any nursing home,
15 skilled nursing facility, hospice facil-
16 ity, Alzheimer’s and memory care fa-
17 cility, and long-term care facility.

18 (III) Any nonresidential treat-
19 ment or service setting.

20 (IV) Any medical treatment or
21 social service setting or clinic at a cor-
22 rectional or detention facility.

23 (V) Any community care setting,
24 including a community-based residen-

1 tial facility, group home, and mental
2 health clinic.

3 (VI) Any psychiatric treatment
4 facility.

5 (VII) Any drug abuse or sub-
6 stance use disorder treatment center.

7 (VIII) Any independent free-
8 standing emergency center.

9 (IX) Any facility described in
10 subclauses (I) through (VIII) operated
11 by a Federal Government agency and
12 required to comply with occupational
13 safety and health standards pursuant
14 to part 1960 of title 29, Code of Fed-
15 eral Regulations (as such part is in ef-
16 fect on the date of enactment of this
17 Act).

18 (X) Any other facility the Sec-
19 retary determines should be covered
20 under the standards promulgated
21 under paragraph (1).

22 (ii) EXCLUSION.—The term “covered
23 facility” does not include an office of a
24 physician, dentist, podiatrist, or any other
25 health practitioner that is not physically lo-

1 cated within a covered facility described in
2 subclauses (I) through (X) of clause (i).

3 (B) COVERED SERVICES.—

4 (i) IN GENERAL.—The term “covered
5 service” includes the following services and
6 operations:

7 (I) Any services and operations
8 provided in any field work setting, in-
9 cluding home health care, home-based
10 hospice, and home-based social work.

11 (II) Any emergency services and
12 transport, including such services pro-
13 vided by firefighters and emergency
14 responders.

15 (III) Any services described in
16 subclauses (I) and (II) performed by
17 a Federal Government agency and re-
18 quired to comply with occupational
19 safety and health standards pursuant
20 to part 1960 of title 29, Code of Fed-
21 eral Regulations (as such part is in ef-
22 fect on the date of enactment of this
23 Act).

24 (IV) Any other services and oper-
25 ations the Secretary determines

1 should be covered under the standards
2 promulgated under paragraph (1).

3 (ii) EXCLUSION.—The term “covered
4 service” does not include child day care
5 services.

6 (C) COVERED EMPLOYER.—

7 (i) IN GENERAL.—The term “covered
8 employer” includes a person (including a
9 contractor, a subcontractor, a temporary
10 service firm, or an employee leasing entity)
11 that employs an individual to work at a
12 covered facility or to perform covered serv-
13 ices.

14 (ii) EXCLUSION.—The term “covered
15 employer” does not include an individual
16 who privately employs, in the individual’s
17 residence, a person to perform covered
18 services for the individual or a family
19 member of the individual.

20 (D) COVERED EMPLOYEE.—The term
21 “covered employee” includes an individual em-
22 ployed by a covered employer to work at a cov-
23 ered facility or to perform covered services.

24 (3) REQUIREMENTS FOR WORKPLACE VIOLENCE
25 PREVENTION STANDARD.—Each standard described

1 in paragraph (1) shall include, at a minimum, the
2 following requirements:

3 (A) WORKPLACE VIOLENCE PREVENTION
4 PLAN.—Not later than 6 months after the date
5 of promulgation of the interim final standard
6 under paragraph (1)(A), or 18 months after the
7 date of enactment of this Act in a case de-
8 scribed in paragraph (1)(A)(v), a covered em-
9 ployer shall develop, implement, and maintain
10 an effective written workplace violence preven-
11 tion plan (in this section referred to as the
12 “Plan”) for covered employees at each covered
13 facility and for covered employees performing a
14 covered service on behalf of such employer,
15 which meets the following:

16 (i) PLAN DEVELOPMENT.—Each
17 Plan—

18 (I) shall be developed and imple-
19 mented with the meaningful participa-
20 tion of direct care employees, other
21 employees, and employee representa-
22 tives, for all aspects of the Plan;

23 (II) shall be tailored and specific
24 to conditions and hazards for the cov-
25 ered facility or the covered service, in-

1 including patient-specific risk factors
2 and risk factors specific to each work
3 area or unit;

4 (III) shall be suitable for the
5 size, complexity, and type of oper-
6 ations at the covered facility or for
7 the covered service, and remain in ef-
8 fect at all times; and

9 (IV) may be in consultation with
10 stakeholders or experts who specialize
11 in workplace violence prevention,
12 emergency response, or other related
13 areas of expertise for all relevant as-
14 pects of the Plan.

15 (ii) PLAN CONTENT.—Each Plan shall
16 include procedures and methods for the
17 following:

18 (I) Identification of the indi-
19 vidual and the individual's position re-
20 sponsible for implementation of the
21 Plan.

22 (II) With respect to each work
23 area and unit at the covered facility
24 or while covered employees are per-
25 forming the covered service, risk as-

1 assessment and identification of work-
2 place violence risks and hazards to
3 employees exposed to such risks and
4 hazards (including environmental risk
5 factors and patient-specific risk fac-
6 tors), which shall be—

7 (aa) informed by past vio-
8 lent incidents specific to such
9 covered facility or such covered
10 service; and

11 (bb) conducted with, at a
12 minimum—

13 (AA) direct care em-
14 ployees;

15 (BB) where applicable,
16 the representatives of such
17 employees; and

18 (CC) the employer.

19 (III) Hazard prevention, engi-
20 neering controls, or work practice con-
21 trols to correct hazards, in a timely
22 manner, applying industrial hygiene
23 principles of the hierarchy of controls,
24 which—

1 (aa) may include security
2 and alarm systems, adequate exit
3 routes, monitoring systems, bar-
4 rier protection, established areas
5 for patients and clients, lighting,
6 entry procedures, staffing and
7 working in teams, and systems to
8 identify and flag clients with a
9 history of violence; and

10 (bb) shall ensure that em-
11 ployers correct, in a timely man-
12 ner, hazards identified in any vio-
13 lent incident investigation de-
14 scribed in subparagraph (B) and
15 any annual report described in
16 subparagraph (E).

17 (IV) Reporting, incident re-
18 sponse, and post-incident investigation
19 procedures, including procedures—

20 (aa) for employees to report
21 workplace violence risks, hazards,
22 and incidents;

23 (bb) for employers to re-
24 spond to reports of workplace vi-
25 olence;

1 (cc) for employers to per-
2 form a post-incident investigation
3 and debriefing of all reports of
4 workplace violence with the par-
5 ticipation of employees and their
6 representatives;

7 (dd) to provide medical care
8 or first aid to affected employees;
9 and

10 (ee) to provide employees
11 with information about available
12 trauma and related counseling.

13 (V) Procedures for emergency re-
14 sponse, including procedures for
15 threats of mass casualties and proce-
16 dures for incidents involving a firearm
17 or a dangerous weapon.

18 (VI) Procedures for commu-
19 nicating with and training the covered
20 employees on workplace violence haz-
21 ards, threats, and work practice con-
22 trols, the employer's plan, and proce-
23 dures for confronting, responding to,
24 and reporting workplace violence

1 threats, incidents, and concerns, and
2 employee rights.

3 (VII) Procedures for—

4 (aa) ensuring the coordina-
5 tion of risk assessment efforts,
6 Plan development, and implemen-
7 tation of the Plan with other em-
8 ployers who have employees who
9 work at the covered facility or
10 who are performing the covered
11 service; and

12 (bb) determining which cov-
13 ered employer or covered employ-
14 ers shall be responsible for imple-
15 menting and complying with the
16 provisions of the standard appli-
17 cable to the working conditions
18 over which such employers have
19 control.

20 (VIII) Procedures for conducting
21 the annual evaluation under subpara-
22 graph (F).

23 (iii) AVAILABILITY OF PLAN.—Each
24 Plan shall be made available at all times to

1 the covered employees who are covered
2 under such Plan.

3 (B) VIOLENT INCIDENT INVESTIGATION.—

4 (i) IN GENERAL.—As soon as prac-
5 ticable after a workplace violence incident,
6 risk, or hazard of which a covered em-
7 ployer has knowledge, the employer shall
8 conduct an investigation of such incident,
9 risk, or hazard under which the employer
10 shall—

11 (I) review the circumstances of
12 the incident, risk, or hazard, and
13 whether any controls or measures im-
14 plemented pursuant to the Plan of the
15 employer were effective; and

16 (II) solicit input from involved
17 employees, their representatives, and
18 supervisors about the cause of the in-
19 cident, risk, or hazard, and whether
20 further corrective measures (including
21 system-level factors) could have pre-
22 vented the incident, risk, or hazard.

23 (ii) DOCUMENTATION.—A covered em-
24 ployer shall document the findings, rec-
25 ommendations, and corrective measures

1 taken for each investigation conducted
2 under this subparagraph.

3 (C) TRAINING AND EDUCATION.—With re-
4 spect to the covered employees covered under a
5 Plan of a covered employer, the employer shall
6 provide training and education to such employ-
7 ees who may be exposed to workplace violence
8 hazards and risks, which meet the following re-
9 quirements:

10 (i) Annual training and education
11 shall include information on the Plan, in-
12 cluding identified workplace violence haz-
13 ards, work practice control measures, re-
14 porting procedures, record keeping require-
15 ments, response procedures, anti-retalia-
16 tion policies, and employee rights.

17 (ii) Additional hazard recognition
18 training shall be provided for supervisors
19 and managers to ensure they—

20 (I) can recognize high-risk situa-
21 tions; and

22 (II) do not assign employees to
23 situations that predictably com-
24 promise the safety of such employees.

1 (iii) Additional training shall be pro-
2 vided for each such covered employee
3 whose job circumstances have changed,
4 within a reasonable timeframe after such
5 change.

6 (iv) Additional training shall be pro-
7 vided for each such covered employee
8 whose job circumstances require working
9 with victims of torture, trafficking, or do-
10 mestic violence.

11 (v) Applicable training shall be pro-
12 vided under this paragraph for each new
13 covered employee prior to the employee's
14 job assignment.

15 (vi) All training shall provide such
16 employees opportunities to ask questions,
17 give feedback on training, and request ad-
18 ditional instruction, clarification, or other
19 followup.

20 (vii) All training shall be provided in-
21 person and by an individual with knowl-
22 edge of workplace violence prevention and
23 of the Plan, except that any annual train-
24 ing described in clause (i) provided to an
25 employee after the first year such training

1 is provided to such employee may be con-
2 ducted by live video if in-person training is
3 impracticable.

4 (viii) All training shall be appropriate
5 in content and vocabulary to the language,
6 educational level, and literacy of such cov-
7 ered employees.

8 (D) RECORDKEEPING AND ACCESS TO
9 PLAN RECORDS.—

10 (i) IN GENERAL.—Each covered em-
11 ployer shall—

12 (I) maintain for not less than 5
13 years—

14 (aa) records related to each
15 Plan of the employer, including
16 workplace violence risk and haz-
17 ard assessments, and identifica-
18 tion, evaluation, correction, and
19 training procedures;

20 (bb) a violent incident log
21 described in clause (ii) for re-
22 cording all workplace violence in-
23 cidents; and

1 (cc) records of all incident
2 investigations as required under
3 subparagraph (B)(ii); and

4 (II)(aa) make such records and
5 logs available, upon request, to cov-
6 ered employees and their representa-
7 tives for examination and copying in
8 accordance with section 1910.1020 of
9 title 29, Code of Federal Regulations
10 (as such section is in effect on the
11 date of enactment of this Act), and in
12 a manner consistent with HIPAA pri-
13 vacy regulations (defined in section
14 1180(b)(3) of the Social Security Act
15 (42 U.S.C. 1320d-9(b)(3))) and part
16 2 of title 42, Code of Federal Regula-
17 tions (as such part is in effect on the
18 date of enactment of this Act); and

19 (bb) ensure that any such records
20 and logs that may be copied, trans-
21 mitted electronically, or otherwise re-
22 moved from the employer's control for
23 purposes of this clause omit any ele-
24 ment of personal identifying informa-
25 tion sufficient to allow identification

1 of any patient, resident, client, or
2 other individual alleged to have com-
3 mitted a violent incident (including
4 the individual's name, address, elec-
5 tronic mail address, telephone num-
6 ber, or social security number, or
7 other information that, alone or in
8 combination with other publicly avail-
9 able information, reveals such individ-
10 ual's identity).

11 (ii) VIOLENT INCIDENT LOG DESCRIP-
12 TION.—Each violent incident log shall—

13 (I) be maintained by a covered
14 employer for each covered facility con-
15 trolled by the employer and for each
16 covered service being performed by a
17 covered employee on behalf of such
18 employer;

19 (II) be based on a template de-
20 veloped by the Secretary not later
21 than 1 year after the date of enact-
22 ment of this Act;

23 (III) include, at a minimum, a
24 description of—

1 (aa) the violent incident (in-
2 cluding environmental risk fac-
3 tors present at the time of the in-
4 cident);

5 (bb) the date, time, and lo-
6 cation of the incident, and the
7 names and job titles of involved
8 employees;

9 (cc) the nature and extent of
10 injuries to covered employees;

11 (dd) a classification of the
12 perpetrator who committed the
13 violence, including whether the
14 perpetrator was—

15 (AA) a patient, client,
16 resident, or customer of a
17 covered employer;

18 (BB) a family or friend
19 of a patient, client, resident,
20 or customer of a covered
21 employer;

22 (CC) a stranger;

23 (DD) a coworker, su-
24 pervisor, or manager of a
25 covered employee;

1 (EE) a partner, spouse,
2 parent, or relative of a cov-
3 ered employee; or

4 (FF) any other appro-
5 priate classification;

6 (ee) the type of violent inci-
7 dent (such as type 1 violence,
8 type 2 violence, type 3 violence,
9 or type 4 violence); and

10 (ff) how the incident was
11 abated;

12 (IV) not later than 7 days after
13 the employer learns of such incident,
14 contain a record of each violent inci-
15 dent, which is updated to ensure com-
16 pleteness of such record;

17 (V) be maintained for not less
18 than 5 years; and

19 (VI) in the case of a violent inci-
20 dent involving a privacy concern case,
21 protect the identity of employees in a
22 manner consistent with section
23 1904.29(b) of title 29, Code of Fed-
24 eral Regulations (as such section is in

1 effect on the date of enactment of this
2 Act).

3 (iii) ANNUAL SUMMARY.—

4 (I) COVERED EMPLOYERS.—

5 Each covered employer shall prepare
6 and submit to the Secretary an an-
7 nual summary of each violent incident
8 log for the preceding calendar year
9 that shall—

10 (aa) with respect to each
11 covered facility, and each covered
12 service, for which such a log has
13 been maintained, include—

14 (AA) the total number
15 of violent incidents;

16 (BB) the number of re-
17 cordable injuries related to
18 such incidents; and

19 (CC) the total number
20 of hours worked by the cov-
21 ered employees for such pre-
22 ceding year;

23 (bb) be completed on a form
24 provided by the Secretary;

1 (cc) be posted for 3 months
2 beginning February 1 of each
3 year in a manner consistent with
4 the requirements of part 1904 of
5 title 29, Code of Federal Regula-
6 tions (as such part is in effect on
7 the date of enactment of this
8 Act), relating to the posting of
9 summaries of injury and illness
10 logs;

11 (dd) be located in a con-
12 spicuous place or places where
13 notices to employees are custom-
14 arily posted; and

15 (ee) not be altered, defaced,
16 or covered by other material.

17 (II) SECRETARY.—Not later than
18 1 year after the promulgation of the
19 interim final standard under para-
20 graph (1)(A), or 2 years after the
21 date of enactment of this Act in a
22 case described in paragraph (1)(A)(v),
23 the Secretary shall make available a
24 platform for the electronic submission

1 of annual summaries required under
2 this clause.

3 (E) ANNUAL REPORT.—

4 (i) REPORT TO SECRETARY.—Not
5 later than February 15 of each year, each
6 covered employer shall report to the Sec-
7 retary, on a form provided by the Sec-
8 retary, the frequency, quantity, and sever-
9 ity of workplace violence, and any incident
10 response and post-incident investigation
11 (including abatement measures) for the in-
12 cidents set forth in the annual summary of
13 the violent incident log described in sub-
14 paragraph (D)(iii).

15 (ii) REPORT TO CONGRESS.—Not later
16 than 6 months after February 15 of each
17 year, the Secretary shall submit to Con-
18 gress a summary of the reports received
19 under clause (i). The contents of the sum-
20 mary of the Secretary to Congress shall
21 not disclose any confidential information.

22 (F) ANNUAL EVALUATION.—Each covered
23 employer shall conduct an annual written eval-
24 uation, conducted with the full, active participa-

1 seeking assistance or intervention with
2 respect to such incident, threat, or
3 concern from, the employer, law en-
4 forcement, local emergency services,
5 or a local, State, or Federal govern-
6 ment agency; or

7 (II) exercising any other rights
8 under this paragraph.

9 (iii) ENFORCEMENT.—This subpara-
10 graph shall be enforced in the same man-
11 ner and to the same extent as any stand-
12 ard promulgated under section 6(b) of the
13 Occupational Safety and Health Act of
14 1970 (29 U.S.C. 655(b)).

15 (4) RULES OF CONSTRUCTION.—Notwith-
16 standing section 18 of the Occupational Safety and
17 Health Act of 1970 (29 U.S.C. 667)—

18 (A) nothing in this subsection shall be con-
19 strued to curtail or limit authority of the Sec-
20 retary under any other provision of the law;

21 (B) the rights, privileges, or remedies of
22 covered employees shall be in addition to the
23 rights, privileges, or remedies provided under
24 any Federal or State law, or any collective bar-
25 gaining agreement;

1 (C) nothing in this subsection shall be con-
2 strued to limit or prevent health care workers,
3 social service workers, and other personnel from
4 reporting violent incidents to appropriate law
5 enforcement; and

6 (D) nothing in this subsection shall be con-
7 strued to limit or diminish any protections in
8 relevant Federal, State, or local law related
9 to—

10 (i) domestic violence;

11 (ii) stalking;

12 (iii) dating violence; and

13 (iv) sexual assault.

14 (5) OTHER DEFINITIONS.—In this subsection:

15 (A) WORKPLACE VIOLENCE.—

16 (i) IN GENERAL.—The term “work-
17 place violence” means any act of violence
18 or threat of violence, without regard to in-
19 tent, that occurs at a covered facility or
20 while a covered employee performs a cov-
21 ered service.

22 (ii) EXCLUSIONS.—The term “work-
23 place violence” does not include lawful acts
24 of self-defense or lawful acts of defense of
25 others.

1 (iii) INCLUSIONS.—The term “work-
2 place violence” includes—

3 (I) the threat or use of physical
4 force against a covered employee that
5 results in or has a high likelihood of
6 resulting in injury, psychological trau-
7 ma, or stress, without regard to
8 whether the covered employee sustains
9 an injury, psychological trauma, or
10 stress; and

11 (II) an incident involving the
12 threat or use of a firearm or a dan-
13 gerous weapon, including the use of
14 common objects as weapons, without
15 regard to whether the employee sus-
16 tains an injury, psychological trauma,
17 or stress.

18 (B) TYPE 1 VIOLENCE.—The term “type 1
19 violence”—

20 (i) means workplace violence directed
21 at a covered employee at a covered facility
22 or while performing a covered service by an
23 individual who has no legitimate business
24 at the covered facility or with respect to
25 such covered service; and

1 (ii) includes violent acts by any indi-
2 vidual who enters the covered facility or
3 worksite where a covered service is being
4 performed with the intent to commit a
5 crime.

6 (C) TYPE 2 VIOLENCE.—The term “type 2
7 violence” means workplace violence directed at
8 a covered employee by customers, clients, pa-
9 tients, students, inmates, or any individual for
10 whom a covered facility provides services or for
11 whom the employee performs covered services.

12 (D) TYPE 3 VIOLENCE.—The term “type 3
13 violence” means workplace violence directed at
14 a covered employee by a present or former em-
15 ployee, supervisor, or manager.

16 (E) TYPE 4 VIOLENCE.—The term “type 4
17 violence” means workplace violence directed at
18 a covered employee by an individual who is not
19 an employee, but has or is known to have had
20 a personal relationship with such employee, or
21 with a customer, client, patient, student, in-
22 mate, or any individual for whom a covered fa-
23 cility provides services or for whom the em-
24 ployee performs covered services.

1 (F) THREAT OF VIOLENCE.—The term
2 “threat of violence” means a statement or con-
3 duct that—

4 (i) causes an individual to fear for
5 such individual’s safety because there is a
6 reasonable possibility the individual might
7 be physically injured; and

8 (ii) serves no legitimate purpose.

9 (G) ALARM.—The term “alarm” means a
10 mechanical, electrical, or electronic device that
11 does not rely upon an employee’s vocalization in
12 order to alert others.

13 (H) DANGEROUS WEAPON.—The term
14 “dangerous weapon” means an instrument ca-
15 pable of inflicting death or serious bodily injury,
16 without regard to whether such instrument was
17 designed for that purpose.

18 (I) ENGINEERING CONTROLS.—

19 (i) IN GENERAL.—The term “engi-
20 neering controls” means an aspect of the
21 built space or a device that removes a haz-
22 ard from the workplace or creates a barrier
23 between a covered employee and the haz-
24 ard.

1 (ii) INCLUSIONS.—For purposes of re-
2 ducing workplace violence hazards, the
3 term “engineering controls” includes elec-
4 tronic access controls to employee occupied
5 areas, weapon detectors (installed or
6 handheld), enclosed workstations with
7 shatter-resistant glass, deep service
8 counters, separate rooms or areas for high-
9 risk patients, locks on doors, removing ac-
10 cess to or securing items that could be
11 used as weapons, furniture affixed to the
12 floor, opaque glass in patient rooms (which
13 protects privacy, but allows the health care
14 provider to see where the patient is before
15 entering the room), closed-circuit television
16 monitoring and video recording, sight-aids,
17 and personal alarm devices.

18 (J) ENVIRONMENTAL RISK FACTORS.—

19 (i) IN GENERAL.—The term “environ-
20 mental risk factors” means factors in the
21 covered facility or area in which a covered
22 service is performed that may contribute to
23 the likelihood or severity of a workplace vi-
24 olence incident.

1 (ii) CLARIFICATION.—Environmental
2 risk factors may be associated with the
3 specific task being performed or the work
4 area, such as working in an isolated area,
5 poor illumination or blocked visibility, and
6 lack of physical barriers between individ-
7 uals and persons at risk of committing
8 workplace violence.

9 (K) PATIENT-SPECIFIC RISK FACTORS.—
10 The term “patient-specific risk factors” means
11 factors specific to a patient that may increase
12 the likelihood or severity of a workplace violence
13 incident, including—

14 (i) a patient’s treatment and medica-
15 tion status, and history of violence and use
16 of drugs or alcohol; and

17 (ii) any conditions or disease proc-
18 esses of the patient that may cause the pa-
19 tient to experience confusion or disorienta-
20 tion, be nonresponsive to instruction, be-
21 have unpredictably, or engage in disrupt-
22 tive, threatening, or violent behavior.

23 (L) SECRETARY.—The term “Secretary”
24 means the Secretary of Labor.

25 (M) WORK PRACTICE CONTROLS.—

1 (i) IN GENERAL.—The term “work
2 practice controls” means procedures and
3 rules that are used to effectively reduce
4 workplace violence hazards.

5 (ii) INCLUSIONS.—The term “work
6 practice controls” includes—

7 (I) assigning and placing suffi-
8 cient numbers of staff to reduce pa-
9 tient-specific type 2 violence hazards;

10 (II) provision of dedicated and
11 available safety personnel such as se-
12 curity guards;

13 (III) employee training on work-
14 place violence prevention methods and
15 techniques to de-escalate and mini-
16 mize violent behavior; and

17 (IV) employee training on proce-
18 dures for response in the event of a
19 workplace violence incident and for
20 post-incident response.

21 (b) APPLICATION OF THE WORKPLACE VIOLENCE
22 PREVENTION STANDARD TO CERTAIN FACILITIES RE-
23 CEIVING MEDICARE FUNDS.—

24 (1) IN GENERAL.—Section 1866 of the Social
25 Security Act (42 U.S.C. 1395cc) is amended—

1 (A) in subsection (a)(1)—

2 (i) in subparagraph (X), by striking
3 “and” at the end;

4 (ii) in subparagraph (Y), by striking
5 the period at the end and inserting “,
6 and”; and

7 (iii) by inserting after subparagraph
8 (Y) the following new subparagraph:

9 “(Z) in the case of hospitals that are not other-
10 wise subject to the Occupational Safety and Health
11 Act of 1970 (or a State occupational safety and
12 health plan that is approved under 18(b) of such
13 Act) and skilled nursing facilities that are not other-
14 wise subject to such Act (or such a State occupa-
15 tional safety and health plan), to comply with the
16 Workplace Violence Prevention Standard (as pro-
17 mulgated under section 511 of the Primary Care
18 and Health Workforce Expansion Act).”; and

19 (B) in subsection (b)(4)—

20 (i) in subparagraph (A), by inserting
21 “and a hospital or skilled nursing facility
22 that fails to comply with the requirement
23 of subsection (a)(1)(Z) (relating to the
24 Workplace Violence Prevention Standard)”

1 after “Bloodborne Pathogens standard”);

2 and

3 (ii) in subparagraph (B)—

4 (I) by striking “(a)(1)(U)” and
5 inserting “(a)(1)(V)”; and

6 (II) by inserting “(or, in the case
7 of a failure to comply with the re-
8 quirement of subsection (a)(1)(Z), for
9 a violation of the Workplace Violence
10 Prevention standard referred to in
11 such subsection by a hospital or
12 skilled nursing facility, as applicable,
13 that is subject to the provisions of
14 such Act)” before the period at the
15 end.

16 (2) EFFECTIVE DATE.—The amendments made
17 by paragraph (1) shall apply beginning on the date
18 that is 1 year after the date of issuance of the in-
19 terim final standard on workplace violence preven-
20 tion required under subsection (a)(1).

1 **TITLE VIII—HEALTH POLICY**
2 **REFORMS**

3 **SEC. 801. ESTABLISHING REQUIREMENTS WITH RESPECT**
4 **TO THE USE OF PRIOR AUTHORIZATION.**

5 (a) PUBLIC HEALTH SERVICE ACT.—Part D of title
6 XXVII of the Public Health Service Act (42 U.S.C.
7 300gg–111 et seq.) is amended by adding at the end the
8 following:

9 **“SEC. 2799A–11. PRIOR AUTHORIZATION REQUIREMENTS.**

10 “(a) IN GENERAL.—Beginning with the third plan
11 year beginning after the date of the enactment of the Pri-
12 mary Care and Health Workforce Expansion Act, in the
13 case of a group health plan or health insurance issuer of-
14 fering group or individual health insurance coverage that
15 imposes any prior authorization requirement with respect
16 to any applicable service during a plan year, such plan
17 or issuer shall—

18 “(1) establish the electronic prior authorization
19 program described in subsection (b) and issue real-
20 time decisions with respect to prior authorization re-
21 quests for services identified by the Secretary under
22 paragraph (3)(B) of such subsection;

23 “(2) meet the transparency requirements speci-
24 fied in subsection (c); and

1 “(3) meet the patient protection standards
2 specified pursuant to subsection (d).

3 “(b) ELECTRONIC PRIOR AUTHORIZATION PRO-
4 GRAM.—

5 “(1) IN GENERAL.—For purposes of subsection
6 (a)(1), the electronic prior authorization program
7 described in this subsection is a program that pro-
8 vides for the secure electronic transmission of—

9 “(A) a prior authorization request from a
10 health care professional to a group health plan
11 or health insurance issuer with respect to an
12 applicable service to be provided to an indi-
13 vidual, including such clinical information nec-
14 essary to evidence medical necessity; and

15 “(B) a response, in accordance with this
16 subsection, from such plan or issuer to such
17 professional.

18 “(2) ELECTRONIC TRANSMISSION.—

19 “(A) EXCLUSIONS.—For purposes of this
20 paragraph, a facsimile, a proprietary payer por-
21 tal that does not meet standards specified by
22 the Secretary, or an electronic form shall not be
23 treated as an electronic transmission described
24 in paragraph (1).

25 “(B) STANDARDS.—

1 “(i) IN GENERAL.—In order to ensure
2 appropriate clinical outcome for individ-
3 uals, for purposes of this subsection, an
4 electronic transmission described in para-
5 graph (1) shall comply with technical
6 standards adopted by the Secretary in con-
7 sultation with standard-setting organiza-
8 tions determined appropriate by the Sec-
9 retary, health care professionals, group
10 health plans and health insurance issuers,
11 and health information technology software
12 vendors. In adopting such standards with
13 respect to which an electronic transmission
14 described in paragraph (1) shall comply,
15 the Secretary shall ensure that such trans-
16 missions support attachments containing
17 applicable clinical information and shall
18 prioritize the adoption of standards that
19 support integration with interoperable
20 health information technology certified
21 under a program of voluntary certification
22 kept or recognized by the National Coordi-
23 nator for Health Information Technology
24 consistent with section 3001(c)(5).

1 Act, the Secretary shall identify applicable serv-
2 ices for which prior authorization requests are
3 routinely approved, and shall update the identi-
4 fication of such services for each subsequent pe-
5 riod of 2 plan years.

6 “(C) DATA COLLECTION AND CONSULTA-
7 TION WITH RELEVANT ELIGIBLE PROFESSIONAL
8 ORGANIZATIONS AND RELEVANT STAKE-
9 HOLDERS.—The Secretary shall issue a request
10 for information from group health plans, health
11 insurance issuers, providers, suppliers, patient
12 advocacy organizations, consumer organizations,
13 and other stakeholders for purposes of identi-
14 fying requests for a period under subparagraph
15 (B).

16 “(D) DEFINITION OF REAL-TIME DECI-
17 SION.—

18 “(i) IN GENERAL.—In establishing the
19 definition of a real-time decision for pur-
20 poses of subparagraph (A), the Secretary
21 shall take into account current medical
22 practice, technology, health care industry
23 standards, and other relevant information
24 and factors to ensure the accurate and
25 timely furnishing of services to individuals.

1 “(ii) UPDATE.—The Secretary shall
2 update, not less often than once every 2
3 years, the definition of a real-time decision
4 for purposes of subparagraph (A), taking
5 into account changes in medical practice,
6 changes in technology, changes in health
7 care industry standards, and other relevant
8 information, such as the information sub-
9 mitted by group health plans and health
10 insurance issuers under subsection
11 (c)(1)(A), and factors to ensure the accu-
12 rate and timely furnishing of services to in-
13 dividuals.

14 “(E) IMPLEMENTATION.—The Secretary
15 shall use rulemaking for each of the following:

16 “(i) Establishing the definition of a
17 ‘real-time decision’ for purposes of sub-
18 paragraph (A).

19 “(ii) Updating such definition pursu-
20 ant to subparagraph (D)(ii).

21 “(iii) Identifying applicable items or
22 services pursuant to subparagraph (B) for
23 the initial period of 2 plan years as de-
24 scribed in such subparagraph.

1 “(c) TRANSPARENCY REQUIREMENTS.—A group
2 health plan and health insurance issuer offering group or
3 individual health insurance coverage shall meet the fol-
4 lowing requirements:

5 “(1) The plan or issuer, annually and in a man-
6 ner specified by the Secretary, shall submit to the
7 Secretary the following information:

8 “(A) A list of all applicable services that
9 were subject to a prior authorization require-
10 ment under the group health plan or health in-
11 surance coverage offered by the issuer during
12 the previous plan year.

13 “(B) The percentage and number of re-
14 quests for prior authorization with respect to
15 each service approved during the previous plan
16 year by the plan or issuer in an initial deter-
17 mination and the percentage and number of
18 such requests denied during such plan year by
19 such plan or issuer in an initial determination
20 (both in the aggregate and categorized by each
21 service).

22 “(C) The percentage and number of re-
23 quests for prior authorization submitted during
24 the previous plan year that were made for such
25 plan year (categorized by each service).

1 “(D) The percentage and number of re-
2 quests for prior authorization submitted during
3 the previous plan year for such plan year that
4 were approved (categorized by each service).

5 “(E) The percentage and number of re-
6 quests for prior authorization that were denied
7 during the previous plan year by the plan or
8 issuer in an initial determination and that were
9 subsequently appealed.

10 “(F) The number of appeals of requests
11 for prior authorization resolved during the pre-
12 ceding plan year, and the percentage and num-
13 ber of such resolved appeals that resulted in ap-
14 proval of coverage of the service that was the
15 subject of such request, categorized by each ap-
16 plicable service and categorized by each level of
17 appeal (including judicial review).

18 “(G) The percentage and number of re-
19 quests for prior authorization that were denied,
20 and the percentage and number of such re-
21 quests that were approved, by the plan or issuer
22 during the previous plan year through the utili-
23 zation of decision support technology, artificial
24 intelligence technology, machine-learning tech-

1 nology, clinical decision-making technology, or
2 any other technology specified by the Secretary.

3 “(H) The average and the median amount
4 of time (in hours) that elapsed during the pre-
5 vious plan year between the submission of a re-
6 quest for prior authorization to the plan or
7 issuer and a determination by the plan or issuer
8 with respect to such request for each such serv-
9 ice, excluding any such requests that were not
10 submitted with any required medical or other
11 documentation.

12 “(I) The percentage and number of re-
13 quests for prior authorization that were ex-
14 cluded from the calculation described in sub-
15 paragraph (H) based on the plan’s or issuer’s
16 determination that such requests were not sub-
17 mitted with any required medical or other docu-
18 mentation.

19 “(J) Information on each occurrence dur-
20 ing the previous plan year in which, during a
21 surgical or medical procedure involving benefits
22 for a service with respect to which such plan or
23 issuer had approved a prior authorization re-
24 quest, the provider determined that a different
25 or additional service was medically necessary,

1 including a specification of whether such plan
2 or issuer subsequently approved the furnishing
3 of such different or additional services.

4 “(K) A disclosure and description of any
5 technology described in subparagraph (G) that
6 the plan or issuer utilized during the previous
7 plan year in making determinations with re-
8 spect to requests for prior authorization.

9 “(L) The number of grievances received by
10 such plan or issuer during the previous plan
11 year that were related to a prior authorization
12 requirement.

13 “(M) Such other information as the Sec-
14 retary determines appropriate.

15 “(2) The plan or issuer shall provide—

16 “(A) to each provider who seeks to enter
17 into a contract with the plan or issuer as an in-
18 network provider, the list described in para-
19 graph (1)(A) and any policies or procedures
20 used by the plan or issuer for making deter-
21 minations with respect to prior authorization
22 requests;

23 “(B) to each such provider that enters into
24 such a contract, access to the criteria used by
25 the plan or issuer for making such determina-

1 tions and an itemization of the medical or other
2 documentation required to be submitted by a
3 provider with respect to such a request; and

4 “(C) to participants, beneficiaries, and en-
5 rollees of the plan or coverage, upon request,
6 access to the criteria used by the plan or issuer
7 for making determinations with respect to prior
8 authorization requests for a service.

9 “(d) PATIENT PROTECTION STANDARDS.—The Sec-
10 retary shall, through rulemaking, specify requirements
11 with respect to the use of prior authorization by group
12 health plans and health insurance issuers for applicable
13 services to ensure—

14 “(1) that such plans and issuers adopt trans-
15 parent prior authorization programs developed in
16 consultation with providers and suppliers with con-
17 tracts in effect with such plans and group and indi-
18 vidual health insurance coverage offered by such
19 issuers for providing such services under such plans
20 and coverage that allow for the modification of prior
21 authorization requirements based on the perform-
22 ance of such providers and suppliers with respect to
23 adherence to evidence-based medical guidelines and
24 other quality criteria;

1 “(2) that such plans and issuers conduct an-
2 nual reviews of such services for which prior author-
3 ization requirements are imposed under such plans
4 or coverage through a process that takes into ac-
5 count input from providers and suppliers with such
6 contracts in effect and is based on analysis of past
7 prior authorization requests and current coverage
8 and clinical criteria;

9 “(3) continuity of care for individuals
10 transitioning to, or between, coverage under such
11 plans and coverage in order to minimize any interrup-
12 tion to ongoing treatment attributable to prior au-
13 thorization requirements under such plans and cov-
14 erage;

15 “(4) that such plans and issuers make timely
16 prior authorization determinations, provide ration-
17 ales for denials, and ensure requests are reviewed by
18 qualified medical personnel; and

19 “(5) that such plans and issuers provide infor-
20 mation on the appeals process to the participant,
21 beneficiary, or enrollee when denying any request for
22 prior authorization with respect to a service.

23 “(e) APPLICABLE SERVICE.—For purposes of this
24 section, the term ‘applicable service’ means, with respect
25 to a group health plan or group or individual health insur-

1 ance coverage, any service for which benefits are available
2 under such plan or coverage.

3 “(f) TIMEFRAME FOR RESPONSE TO PRIOR AUTHOR-
4 IZATION REQUESTS.—In the case of determination made
5 by a plan or issuer with respect to a prior authorization
6 request for an applicable service that is submitted on or
7 after the date on which subsection (a) takes effect, the
8 plan or issuer shall notify the participant, beneficiary, or
9 enrollee (and the practitioner involved, as appropriate) of
10 such determination not later than the earlier of—

11 “(1) the time period for notification required
12 pursuant to section 2719(a); or

13 “(2) 7 days after receipt of such request, or
14 such shorter timeframe as the Secretary may specify
15 through rulemaking, taking into account feedback
16 from stakeholders, including participants, bene-
17 ficiaries, and enrollees.

18 “(g) REPORT TO CONGRESS.—Not later than the end
19 of the second plan year beginning on or after the date
20 of the enactment of this subsection, and biennially there-
21 after through the date that is 10 years after such date
22 of enactment, the Secretary shall submit to Congress a
23 report containing an evaluation of the implementation of
24 the requirements of this subsection, an analysis of an
25 issues in implementing such requirements faced by group

1 health plans and health insurance issuers, and a descrip-
2 tion of the information submitted under subsection
3 (c)(1)(A) with respect to—

4 “(1) in the case of the first such report, such
5 second plan year; and

6 “(2) in the case of a subsequent report, the 2
7 full plan years preceding the date of the submission
8 of such report.”.

9 (b) ERISA.—

10 (1) IN GENERAL.—Subpart B of part 7 of sub-
11 title B of title I of the Employee Retirement Income
12 Security Act of 1974 (29 U.S.C. 1185 et seq.) is
13 amended by adding at the end the following:

14 **“SEC. 726. PRIOR AUTHORIZATION REQUIREMENTS.**

15 “(a) IN GENERAL.—Beginning with the third plan
16 year beginning after the date of the enactment of the Pri-
17 mary Care and Health Workforce Expansion Act, in the
18 case of a group health plan or health insurance issuer of-
19 fering group health insurance coverage that imposes any
20 prior authorization requirement with respect to any appli-
21 cable service during a plan year, such plan or issuer
22 shall—

23 “(1) establish the electronic prior authorization
24 program described in subsection (b) and issue real-
25 time decisions with respect to prior authorization re-

1 quests for services identified by the Secretary under
2 paragraph (3)(B) of such subsection;

3 “(2) meet the transparency requirements speci-
4 fied in subsection (c); and

5 “(3) meet the patient protection standards
6 specified pursuant to subsection (d).

7 “(b) ELECTRONIC PRIOR AUTHORIZATION PRO-
8 GRAM.—

9 “(1) IN GENERAL.—For purposes of subsection
10 (a)(1), the electronic prior authorization program
11 described in this subsection is a program that pro-
12 vides for the secure electronic transmission of—

13 “(A) a prior authorization request from a
14 health care professional to a group health plan
15 or health insurance issuer with respect to an
16 applicable service to be provided to an indi-
17 vidual, including such clinical information nec-
18 essary to evidence medical necessity; and

19 “(B) a response, in accordance with this
20 subsection, from such plan or issuer to such
21 professional.

22 “(2) ELECTRONIC TRANSMISSION.—

23 “(A) EXCLUSIONS.—For purposes of this
24 paragraph, a facsimile, a proprietary payer por-
25 tal that does not meet standards specified by

1 the Secretary, or an electronic form shall not be
2 treated as an electronic transmission described
3 in paragraph (1).

4 “(B) STANDARDS.—

5 “(i) IN GENERAL.—In order to ensure
6 appropriate clinical outcome for individ-
7 uals, for purposes of this subsection, an
8 electronic transmission described in para-
9 graph (1) shall comply with technical
10 standards adopted by the Secretary in con-
11 sultation with standard-setting organiza-
12 tions determined appropriate by the Sec-
13 retary, health care professionals, group
14 health plans and health insurance issuers,
15 and health information technology software
16 vendors. In adopting such standards with
17 respect to which an electronic transmission
18 described in paragraph (1) shall comply,
19 the Secretary shall ensure that such trans-
20 missions support attachments containing
21 applicable clinical information and shall
22 prioritize the adoption of standards that
23 support integration with interoperable
24 health information technology certified
25 under a program of voluntary certification

1 kept or recognized by the National Coordi-
2 nator for Health Information Technology
3 consistent with section 3001(c)(5) of the
4 Public Health Service Act.

5 “(ii) TRANSACTION STANDARD.—The
6 Secretary shall include in the standards
7 adopted under clause (i) a standard with
8 respect to the transmission of attachments
9 described in such clause, and data ele-
10 ments and operating rules for such trans-
11 mission, consistent with health care indus-
12 try standards.

13 “(3) REAL-TIME DECISIONS.—

14 “(A) IN GENERAL.—The program de-
15 scribed in paragraph (1) shall provide for real-
16 time decisions (as defined by the Secretary in
17 accordance with subparagraph (D)) by a group
18 health plan or health insurance issuer with re-
19 spect to prior authorization requests for appli-
20 cable services identified by the Secretary pursu-
21 ant to subparagraph (B) for a plan year if such
22 requests contain all documentation described in
23 subparagraph (D)(ii) required by such plan or
24 issuer.

1 “(B) IDENTIFICATION OF REQUESTS.—For
2 purposes of subparagraph (A) and with respect
3 to a period of 2 plan years, not later than 30
4 months after the date of enactment of the Pri-
5 mary Care and Health Workforce Expansion
6 Act, the Secretary shall identify applicable serv-
7 ices for which prior authorization requests are
8 routinely approved, and shall update the identi-
9 fication of such services for each subsequent pe-
10 riod of 2 plan years.

11 “(C) DATA COLLECTION AND CONSULTA-
12 TION WITH RELEVANT ELIGIBLE PROFESSIONAL
13 ORGANIZATIONS AND RELEVANT STAKE-
14 HOLDERS.—The Secretary shall issue a request
15 for information from group health plans, health
16 insurance issuers, providers, suppliers, patient
17 advocacy organizations, consumer organizations,
18 and other stakeholders for purposes of identi-
19 fying requests for a period under subparagraph
20 (B).

21 “(D) DEFINITION OF REAL-TIME DECI-
22 SION.—

23 “(i) IN GENERAL.—In establishing the
24 definition of a real-time decision for pur-
25 poses of subparagraph (A), the Secretary

1 shall take into account current medical
2 practice, technology, health care industry
3 standards, and other relevant information
4 and factors to ensure the accurate and
5 timely furnishing of services to individuals.

6 “(ii) UPDATE.—The Secretary shall
7 update, not less often than once every 2
8 years, the definition of a real-time decision
9 for purposes of subparagraph (A), taking
10 into account changes in medical practice,
11 changes in technology, changes in health
12 care industry standards, and other relevant
13 information, such as the information sub-
14 mitted by group health plans and health
15 insurance issuers under subsection
16 (c)(1)(A), and factors to ensure the accu-
17 rate and timely furnishing of services to in-
18 dividuals.

19 “(E) IMPLEMENTATION.—The Secretary
20 shall use rulemaking for each of the following:

21 “(i) Establishing the definition of a
22 ‘real-time decision’ for purposes of sub-
23 paragraph (A).

24 “(ii) Updating such definition pursu-
25 ant to subparagraph (D)(ii).

1 “(iii) Identifying applicable items or
2 services pursuant to subparagraph (B) for
3 the initial period of 2 plan years as de-
4 scribed in such subparagraph.

5 “(iv) Updating the identification of
6 such services for each subsequent period of
7 2 plan years as described in subparagraph
8 (B).

9 “(4) OTHER REQUIREMENTS.—With respect to
10 a participant or beneficiary that is undergoing an
11 active course of treatment—

12 “(A) approval of a prior authorization re-
13 quest for a course of treatment under the elec-
14 tronic prior authorization program shall be
15 valid for as long as medically necessary to avoid
16 disruptions in care, in accordance with applica-
17 ble coverage criteria, the medical history of the
18 participant or beneficiary, and the recommenda-
19 tions of the treating provider; and

20 “(B) for a participant or beneficiary newly
21 enrolled in the group health plan or health in-
22 surance coverage, such plan or the issuer offer-
23 ing such coverage shall provide coverage for a
24 minimum 90-day transition period for any ac-
25 tive course of treatment the participant or bene-

1 ficiary was receiving at the time of enrollment,
2 even if the service is furnished by an out-of-net-
3 work provider.

4 “(c) TRANSPARENCY REQUIREMENTS.—A group
5 health plan and health insurance issuer offering group
6 health insurance coverage shall meet the following require-
7 ments:

8 “(1) The plan or issuer, annually and in a man-
9 ner specified by the Secretary, shall submit to the
10 Secretary the following information:

11 “(A) A list of all applicable services that
12 were subject to a prior authorization require-
13 ment under the group health plan or health in-
14 surance coverage offered by the issuer during
15 the previous plan year.

16 “(B) The percentage and number of re-
17 quests for prior authorization with respect to
18 each service approved during the previous plan
19 year by the plan or issuer in an initial deter-
20 mination and the percentage and number of
21 such requests denied during such plan year by
22 such plan or issuer in an initial determination
23 (both in the aggregate and categorized by each
24 service).

1 “(C) The percentage and number of re-
2 quests for prior authorization submitted during
3 the previous plan year that were made for such
4 plan year (categorized by each service).

5 “(D) The percentage and number of re-
6 quests for prior authorization submitted during
7 the previous plan year for such plan year that
8 were approved (categorized by each service).

9 “(E) The percentage and number of re-
10 quests for prior authorization that were denied
11 during the previous plan year by the plan or
12 issuer in an initial determination and that were
13 subsequently appealed.

14 “(F) The number of appeals of requests
15 for prior authorization resolved during the pre-
16 ceding plan year, and the percentage and num-
17 ber of such resolved appeals that resulted in ap-
18 proval of coverage of the service that was the
19 subject of such request, categorized by each ap-
20 plicable service and categorized by each level of
21 appeal (including judicial review).

22 “(G) The percentage and number of re-
23 quests for prior authorization that were denied,
24 and the percentage and number of such re-
25 quests that were approved, by the plan or issuer

1 during the previous plan year through the utili-
2 zation of decision support technology, artificial
3 intelligence technology, machine-learning tech-
4 nology, clinical decision-making technology, or
5 any other technology specified by the Secretary.

6 “(H) The average and the median amount
7 of time (in hours) that elapsed during the pre-
8 vious plan year between the submission of a re-
9 quest for prior authorization to the plan or
10 issuer and a determination by the plan or issuer
11 with respect to such request for each such serv-
12 ice, excluding any such requests that were not
13 submitted with any required medical or other
14 documentation.

15 “(I) The percentage and number of re-
16 quests for prior authorization that were ex-
17 cluded from the calculation described in sub-
18 paragraph (H) based on the plan’s or issuer’s
19 determination that such requests were not sub-
20 mitted with any required medical or other docu-
21 mentation.

22 “(J) Information on each occurrence dur-
23 ing the previous plan year in which, during a
24 surgical or medical procedure involving benefits
25 for a service with respect to which such plan or

1 issuer had approved a prior authorization re-
2 quest, the provider determined that a different
3 or additional service was medically necessary,
4 including a specification of whether such plan
5 or issuer subsequently approved the furnishing
6 of such different or additional services.

7 “(K) A disclosure and description of any
8 technology described in subparagraph (G) that
9 the plan or issuer utilized during the previous
10 plan year in making determinations with re-
11 spect to requests for prior authorization.

12 “(L) The number of grievances received by
13 such plan or issuer during the previous plan
14 year that were related to a prior authorization
15 requirement.

16 “(M) Such other information as the Sec-
17 retary determines appropriate.

18 “(2) The plan or issuer shall provide—

19 “(A) to each provider who seeks to enter
20 into a contract with the plan or issuer as an in-
21 network provider, the list described in para-
22 graph (1)(A) and any policies or procedures
23 used by the plan or issuer for making deter-
24 minations with respect to prior authorization
25 requests;

1 “(B) to each such provider that enters into
2 such a contract, access to the criteria used by
3 the plan or issuer for making such determina-
4 tions and an itemization of the medical or other
5 documentation required to be submitted by a
6 provider with respect to such a request; and

7 “(C) to participants and beneficiaries of
8 the plan or coverage, upon request, access to
9 the criteria used by the plan or issuer for mak-
10 ing determinations with respect to prior author-
11 ization requests for a service.

12 “(d) PATIENT PROTECTION STANDARDS.—The Sec-
13 retary shall, through rulemaking, specify requirements
14 with respect to the use of prior authorization by group
15 health plans and health insurance issuers for applicable
16 services to ensure—

17 “(1) that such plans and issuers adopt trans-
18 parent prior authorization programs developed in
19 consultation with providers and suppliers with con-
20 tracts in effect with such plans and group health in-
21 surance coverage offered by such issuers for pro-
22 viding such services under such plans and coverage
23 that allow for the modification of prior authorization
24 requirements based on the performance of such pro-
25 viders and suppliers with respect to adherence to evi-

1 dence-based medical guidelines and other quality cri-
2 teria;

3 “(2) that such plans and issuers conduct an-
4 nual reviews of such services for which prior author-
5 ization requirements are imposed under such plans
6 or coverage through a process that takes into ac-
7 count input from providers and suppliers with such
8 contracts in effect and is based on analysis of past
9 prior authorization requests and current coverage
10 and clinical criteria;

11 “(3) continuity of care for individuals
12 transitioning to, or between, coverage under such
13 plans and coverage in order to minimize any interrup-
14 tion to ongoing treatment attributable to prior au-
15 thorization requirements under such plans and cov-
16 erage;

17 “(4) that such plans and issuers make timely
18 prior authorization determinations, provide ration-
19 ales for denials, and ensure requests are reviewed by
20 qualified medical personnel; and

21 “(5) that such plans and issuers provide infor-
22 mation on the appeals process to the participant or
23 beneficiary when denying any request for prior au-
24 thorization with respect to a service.

1 “(e) APPLICABLE SERVICE.—For purposes of this
2 section, the term ‘applicable service’ means, with respect
3 to a group health plan or group health insurance coverage,
4 any service for which benefits are available under such
5 plan or coverage.

6 “(f) TIMEFRAME FOR RESPONSE TO PRIOR AUTHORIZATION
7 REQUESTS.—In the case of determination made
8 by a plan or issuer with respect to a prior authorization
9 request for an applicable service that is submitted on or
10 after the date on which subsection (a) takes effect, the
11 plan or issuer shall notify the participant or beneficiary
12 (and the practitioner involved, as appropriate) of such de-
13 termination not later than the earlier of—

14 “(1) the time period for notification otherwise
15 required; or

16 “(2) 7 days after receipt of such request, or
17 such shorter timeframe as the Secretary may specify
18 through rulemaking, taking into account feedback
19 from stakeholders, including participants and bene-
20 ficiaries.

21 “(g) REPORT TO CONGRESS.—Not later than the end
22 of the second plan year beginning on or after the date
23 of the enactment of this subsection, and biennially there-
24 after through the date that is 10 years after such date
25 of enactment, the Secretary shall submit to Congress a

1 report containing an evaluation of the implementation of
2 the requirements of this subsection, an analysis of an
3 issues in implementing such requirements faced by group
4 health plans and health insurance issuers, and a descrip-
5 tion of the information submitted under subsection
6 (c)(1)(A) with respect to—

7 “(1) in the case of the first such report, such
8 second plan year; and

9 “(2) in the case of a subsequent report, the 2
10 full plan years preceding the date of the submission
11 of such report.”.

12 (2) CLERICAL AMENDMENT.—The table of con-
13 tents in section 1 of the Employee Retirement In-
14 come Security Act of 1974 (29 U.S.C. 1001 et seq.)
15 is amended by inserting after the item relating to
16 section 725 the following new item:

“Sec. 726. Prior authorization requirements.”.

17 (c) IRC.—

18 (1) IN GENERAL.—Subchapter B of chapter
19 100 of the Internal Revenue Code of 1986 is amend-
20 ed by adding at the end the following:

21 **“SEC. 9826. PRIOR AUTHORIZATION REQUIREMENTS.**

22 “(a) IN GENERAL.—Beginning with the third plan
23 year beginning after the date of the enactment of the Pri-
24 mary Care and Health Workforce Expansion Act, in the
25 case of a group health plan that imposes any prior author-

1 ization requirement with respect to any applicable service
2 during a plan year, such plan shall—

3 “(1) establish the electronic prior authorization
4 program described in subsection (b) and issue real-
5 time decisions with respect to prior authorization re-
6 quests for services identified by the Secretary under
7 paragraph (3)(B) of such subsection;

8 “(2) meet the transparency requirements speci-
9 fied in subsection (c); and

10 “(3) meet the patient protection standards
11 specified pursuant to subsection (d).

12 “(b) ELECTRONIC PRIOR AUTHORIZATION PRO-
13 GRAM.—

14 “(1) IN GENERAL.—For purposes of subsection
15 (a)(1), the electronic prior authorization program
16 described in this subsection is a program that pro-
17 vides for the secure electronic transmission of—

18 “(A) a prior authorization request from a
19 health care professional to a group health plan
20 with respect to an applicable service to be pro-
21 vided to an individual, including such clinical
22 information necessary to evidence medical ne-
23 cessity; and

24 “(B) a response, in accordance with this
25 subsection, from such plan to such professional.

1 “(2) ELECTRONIC TRANSMISSION.—

2 “(A) EXCLUSIONS.—For purposes of this
3 paragraph, a facsimile, a proprietary payer por-
4 tal that does not meet standards specified by
5 the Secretary, or an electronic form shall not be
6 treated as an electronic transmission described
7 in paragraph (1).

8 “(B) STANDARDS.—

9 “(i) IN GENERAL.—In order to ensure
10 appropriate clinical outcome for individ-
11 uals, for purposes of this subsection, an
12 electronic transmission described in para-
13 graph (1) shall comply with technical
14 standards adopted by the Secretary in con-
15 sultation with standard-setting organiza-
16 tions determined appropriate by the Sec-
17 retary, health care professionals, group
18 health plans and health insurance issuers,
19 and health information technology software
20 vendors. In adopting such standards with
21 respect to which an electronic transmission
22 described in paragraph (1) shall comply,
23 the Secretary shall ensure that such trans-
24 missions support attachments containing
25 applicable clinical information and shall

1 prioritize the adoption of standards that
2 support integration with interoperable
3 health information technology certified
4 under a program of voluntary certification
5 kept or recognized by the National Coordi-
6 nator for Health Information Technology
7 consistent with section 3001(c)(5) of the
8 Public Health Service Act.

9 “(ii) TRANSACTION STANDARD.—The
10 Secretary shall include in the standards
11 adopted under clause (i) a standard with
12 respect to the transmission of attachments
13 described in such clause, and data ele-
14 ments and operating rules for such trans-
15 mission, consistent with health care indus-
16 try standards.

17 “(3) REAL-TIME DECISIONS.—

18 “(A) IN GENERAL.—The program de-
19 scribed in paragraph (1) shall provide for real-
20 time decisions (as defined by the Secretary in
21 accordance with subparagraph (D)) by a group
22 health plan with respect to prior authorization
23 requests for applicable services identified by the
24 Secretary pursuant to subparagraph (B) for a
25 plan year if such requests contain all docu-

1 mentation described in subparagraph (D)(ii) re-
2 quired by such plan.

3 “(B) IDENTIFICATION OF REQUESTS.—For
4 purposes of subparagraph (A) and with respect
5 to a period of 2 plan years, not later than 30
6 months after the date of enactment of the Pri-
7 mary Care and Health Workforce Expansion
8 Act, the Secretary shall identify applicable serv-
9 ices for which prior authorization requests are
10 routinely approved, and shall update the identi-
11 fication of such services for each subsequent pe-
12 riod of 2 plan years.

13 “(C) DATA COLLECTION AND CONSULTA-
14 TION WITH RELEVANT ELIGIBLE PROFESSIONAL
15 ORGANIZATIONS AND RELEVANT STAKE-
16 HOLDERS.—The Secretary shall issue a request
17 for information from group health plans, pro-
18 viders, suppliers, patient advocacy organiza-
19 tions, consumer organizations, and other stake-
20 holders for purposes of identifying requests for
21 a period under subparagraph (B).

22 “(D) DEFINITION OF REAL-TIME DECI-
23 SION.—

24 “(i) IN GENERAL.—In establishing the
25 definition of a real-time decision for pur-

1 poses of subparagraph (A), the Secretary
2 shall take into account current medical
3 practice, technology, health care industry
4 standards, and other relevant information
5 and factors to ensure the accurate and
6 timely furnishing of services to individuals.

7 “(ii) UPDATE.—The Secretary shall
8 update, not less often than once every 2
9 years, the definition of a real-time decision
10 for purposes of subparagraph (A), taking
11 into account changes in medical practice,
12 changes in technology, changes in health
13 care industry standards, and other relevant
14 information, such as the information sub-
15 mitted by group health plans under sub-
16 section (c)(1)(A), and factors to ensure the
17 accurate and timely furnishing of services
18 to individuals.

19 “(E) IMPLEMENTATION.—The Secretary
20 shall use rulemaking for each of the following:

21 “(i) Establishing the definition of a
22 ‘real-time decision’ for purposes of sub-
23 paragraph (A).

24 “(ii) Updating such definition pursu-
25 ant to subparagraph (D)(ii).

1 “(iii) Identifying applicable items or
2 services pursuant to subparagraph (B) for
3 the initial period of 2 plan years as de-
4 scribed in such subparagraph.

5 “(iv) Updating the identification of
6 such services for each subsequent period of
7 2 plan years as described in subparagraph
8 (B).

9 “(4) OTHER REQUIREMENTS.—With respect to
10 a participant, beneficiary, or enrollee that is under-
11 going an active course of treatment—

12 “(A) approval of a prior authorization re-
13 quest for a course of treatment under the elec-
14 tronic prior authorization program shall be
15 valid for as long as medically necessary to avoid
16 disruptions in care, in accordance with applica-
17 ble coverage criteria, the medical history of the
18 participant or beneficiary, and the recommenda-
19 tions of the treating provider; and

20 “(B) for a participant or beneficiary newly
21 enrolled in the group health plan, such plan
22 shall provide coverage for a minimum 90-day
23 transition period for any active course of treat-
24 ment the participant or beneficiary was receiv-

1 ing at the time of enrollment, even if the service
2 is furnished by an out-of-network provider.

3 “(c) **TRANSPARENCY REQUIREMENTS.**—A group
4 health plan shall meet the following requirements:

5 “(1) The plan, annually and in a manner speci-
6 fied by the Secretary, shall submit to the Secretary
7 the following information:

8 “(A) A list of all applicable services that
9 were subject to a prior authorization require-
10 ment under the group health plan during the
11 previous plan year.

12 “(B) The percentage and number of re-
13 quests for prior authorization with respect to
14 each service approved during the previous plan
15 year by the plan in an initial determination and
16 the percentage and number of such requests de-
17 nied during such plan year by such plan in an
18 initial determination (both in the aggregate and
19 categorized by each service).

20 “(C) The percentage and number of re-
21 quests for prior authorization submitted during
22 the previous plan year that were made for such
23 plan year (categorized by each service).

24 “(D) The percentage and number of re-
25 quests for prior authorization submitted during

1 the previous plan year for such plan year that
2 were approved (categorized by each service).

3 “(E) The percentage and number of re-
4 quests for prior authorization that were denied
5 during the previous plan year by the plan in an
6 initial determination and that were subse-
7 quently appealed.

8 “(F) The number of appeals of requests
9 for prior authorization resolved during the pre-
10 ceeding plan year, and the percentage and num-
11 ber of such resolved appeals that resulted in ap-
12 proval of coverage of the service that was the
13 subject of such request, categorized by each ap-
14 plicable service and categorized by each level of
15 appeal (including judicial review).

16 “(G) The percentage and number of re-
17 quests for prior authorization that were denied,
18 and the percentage and number of such re-
19 quests that were approved, by the plan during
20 the previous plan year through the utilization of
21 decision support technology, artificial intel-
22 ligence technology, machine-learning technology,
23 clinical decision-making technology, or any
24 other technology specified by the Secretary.

1 “(H) The average and the median amount
2 of time (in hours) that elapsed during the pre-
3 vious plan year between the submission of a re-
4 quest for prior authorization to the plan and a
5 determination by the plan with respect to such
6 request for each such service, excluding any
7 such requests that were not submitted with any
8 required medical or other documentation.

9 “(I) The percentage and number of re-
10 quests for prior authorization that were ex-
11 cluded from the calculation described in sub-
12 paragraph (H) based on the plan’s determina-
13 tion that such requests were not submitted with
14 any required medical or other documentation.

15 “(J) Information on each occurrence dur-
16 ing the previous plan year in which, during a
17 surgical or medical procedure involving benefits
18 for a service with respect to which such plan
19 had approved a prior authorization request, the
20 provider determined that a different or addi-
21 tional service was medically necessary, including
22 a specification of whether such plan subse-
23 quently approved the furnishing of such dif-
24 ferent or additional services.

1 “(K) A disclosure and description of any
2 technology described in subparagraph (G) that
3 the plan utilized during the previous plan year
4 in making determinations with respect to re-
5 quests for prior authorization.

6 “(L) The number of grievances received by
7 such plan during the previous plan year that
8 were related to a prior authorization require-
9 ment.

10 “(M) Such other information as the Sec-
11 retary determines appropriate.

12 “(2) The plan shall provide—

13 “(A) to each provider who seeks to enter
14 into a contract with the plan as an in-network
15 provider, the list described in paragraph (1)(A)
16 and any policies or procedures used by the plan
17 for making determinations with respect to prior
18 authorization requests;

19 “(B) to each such provider that enters into
20 such a contract, access to the criteria used by
21 the plan for making such determinations and
22 an itemization of the medical or other docu-
23 mentation required to be submitted by a pro-
24 vider with respect to such a request; and

1 “(C) to participants and beneficiaries of
2 the plan, upon request, access to the criteria
3 used by the plan for making determinations
4 with respect to prior authorization requests for
5 a service.

6 “(d) PATIENT PROTECTION STANDARDS.—The Sec-
7 retary shall, through rulemaking, specify requirements
8 with respect to the use of prior authorization by group
9 health plans for applicable services to ensure—

10 “(1) that such plans adopt transparent prior
11 authorization programs developed in consultation
12 with providers and suppliers with contracts in effect
13 with such plans for providing such services under
14 such plans that allow for the modification of prior
15 authorization requirements based on the perform-
16 ance of such providers and suppliers with respect to
17 adherence to evidence-based medical guidelines and
18 other quality criteria;

19 “(2) that such plans conduct annual reviews of
20 such services for which prior authorization require-
21 ments are imposed under such plans through a proc-
22 ess that takes into account input from providers and
23 suppliers with such contracts in effect and is based
24 on analysis of past prior authorization requests and
25 current coverage and clinical criteria;

1 “(3) continuity of care for individuals
2 transitioning to, or between, coverage under such
3 plans in order to minimize any disruption to ongoing
4 treatment attributable to prior authorization require-
5 ments under such plans;

6 “(4) that such plans make timely prior author-
7 ization determinations, provide rationales for deni-
8 als, and ensure requests are reviewed by qualified
9 medical personnel; and

10 “(5) that such plans provide information on the
11 appeals process to the participant or beneficiary
12 when denying any request for prior authorization
13 with respect to a service.

14 “(e) APPLICABLE SERVICE.—For purposes of this
15 section, the term ‘applicable service’ means, with respect
16 to a group health plan, any service for which benefits are
17 available under such plan.

18 “(f) TIMEFRAME FOR RESPONSE TO PRIOR AUTHOR-
19 IZATION REQUESTS.—In the case of determination made
20 by a plan with respect to a prior authorization request
21 for an applicable service that is submitted on or after the
22 date on which subsection (a) takes effect, the plan shall
23 notify the participant or beneficiary (and the practitioner
24 involved, as appropriate) of such determination not later
25 than the earlier of—

1 “(1) the time period for notification otherwise
2 required; or

3 “(2) 7 days after receipt of such request, or
4 such shorter timeframe as the Secretary may specify
5 through rulemaking, taking into account feedback
6 from stakeholders, including participants and bene-
7 ficiaries.

8 “(g) REPORT TO CONGRESS.—Not later than the end
9 of the second plan year beginning on or after the date
10 of the enactment of this subsection, and biennially there-
11 after through the date that is 10 years after such date
12 of enactment, the Secretary shall submit to Congress a
13 report containing an evaluation of the implementation of
14 the requirements of this subsection, an analysis of an
15 issues in implementing such requirements faced by group
16 health plans, and a description of the information sub-
17 mitted under subsection (e)(1)(A) with respect to—

18 “(1) in the case of the first such report, such
19 second plan year; and

20 “(2) in the case of a subsequent report, the 2
21 full plan years preceding the date of the submission
22 of such report.”.

23 (2) CLERICAL AMENDMENT.—The table of sec-
24 tions for subchapter B of chapter 100 of the Inter-

1 nal Revenue Code of 1986 is amended by adding at
2 the end the following new item:

“Sec. 9826. Prior authorization requirements.”.

3 **SEC. 802. BILLING REQUIREMENTS FOR ON-CAMPUS AND**
4 **OFF-CAMPUS DEPARTMENTS OF A PROVIDER.**

5 (a) IN GENERAL.—Part E of title XXVII of the Pub-
6 lic Health Service Act (42 U.S.C. 300gg–131 et seq.) is
7 amended by adding at the end the following new section:

8 **“SEC. 2799B-10. BILLING REQUIREMENTS FOR ON-CAMPUS**
9 **AND OFF-CAMPUS DEPARTMENTS OF A PRO-**
10 **VIDER.**

11 “(a) IN GENERAL.—A health care provider or facility
12 may not, with respect to items and services furnished to
13 an individual at an off-campus outpatient department of
14 a provider or with respect to applicable items and services
15 furnished to an individual at an on-campus outpatient de-
16 partment of a provider, on or after January 1, 2026 bill
17 more than one fee for a given item or service. A health
18 care provider and a facility are prohibited from—

19 “(1) sending separate bills to patients or group
20 health plans or health insurance issuers from the
21 provider and from the facility, for a given item or
22 service; or

23 “(2) charging add-on fees, such as facility fees,
24 with respect to items and services so furnished, to
25 patients, plans, or issuers; or

1 “(3) charging a fee that exceeds the qualifying
2 payment amount, calculated in accordance with sec-
3 tion 2799A1(a)(3)(E), for items and services pro-
4 vided in an office setting.

5 “(b) DEFINITIONS.—In this section:

6 “(1) The term ‘applicable items and services’—

7 “(A) includes evaluation and management
8 services and telehealth services, and low-com-
9 plexity services that can safely and appro-
10 priately be provided in ambulatory settings out-
11 side of outpatient department in the majority of
12 circumstances (as the Secretary may determine
13 by rulemaking); and

14 “(B) does not include emergency or trau-
15 ma services.

16 “(2) The term ‘off-campus outpatient depart-
17 ment of a provider’—

18 “(A) means a department of a provider (as
19 defined in section 413.65(a)(2) of title 42 of the
20 Code of Federal Regulations, as in effect as of
21 the date of the enactment of this paragraph)
22 that is not located—

23 “(i) on the campus (as defined in such
24 section 413.65(a)(2)) of such provider; or

1 “(ii) within the distance (described in
2 such definition of campus) from a remote
3 location of a hospital facility (as defined in
4 such section 413.65(a)(2)); and

5 “(B) for purposes of subsection (a), ex-
6 cludes dedicated emergency departments (as de-
7 fined in section 489.24(b) of title 42 of the
8 Code of Federal Regulations).

9 “(3) The term ‘on-campus outpatient depart-
10 ment of a provider’ means a department of a pro-
11 vider (as defined in section 413.65(a)(2) of title 42
12 of the Code of Federal Regulations, as in effect as
13 of the date of the enactment of this paragraph) that
14 is located—

15 “(A) on the campus (as defined in such
16 section 413.65(a)(2)) of such provider; or

17 “(B) within the distance (described in such
18 definition of campus) from a remote location of
19 a hospital facility (as defined in such section
20 413.65(a)(2)).

21 “(c) OTHER REQUIREMENTS RELATING TO UNIQUE
22 HEALTH IDENTIFIERS.—

23 “(1) IN GENERAL.—The standards specified
24 under section 1173(b)(1) of the Social Security Act
25 shall ensure that, not later than January 1, 2026,

1 each off-campus outpatient department of a provider
2 is assigned a separate unique health identifier from
3 such provider.

4 “(2) TREATMENT OF CERTAIN DEPARTMENTS
5 AS SUBPARTS OF A HOSPITAL.—Not later than Jan-
6 uary 1, 2026, the Secretary shall revise sections
7 162.408 and 162.410 of title 45, Code of Federal
8 Regulations, to ensure that each off-campus out-
9 patient department of a provider is treated as a sub-
10 part (as described in such sections) of such provider
11 and assigned a unique health identifier pursuant to
12 paragraph (1).

13 “(3) SUBMISSION OF CLAIMS.—A health care
14 provider or facility may not, with respect to items
15 and services furnished to an individual at an off-
16 campus outpatient department of a provider on or
17 after January 1, 2026, submit a claim for such
18 items and services to a group health plan or health
19 insurance issuer offering group or individual health
20 insurance coverage, and may not bill such an indi-
21 vidual or hold such individual liable for such items
22 and services, unless such items and services are
23 billed—

1 “(A) using the separate unique health
2 identifier established for such department pur-
3 suant to paragraph (1); and

4 “(B) on a HIPAA X12 837P transaction
5 form or CMS 1500 form (or a successor trans-
6 action or form).”.

7 (b) **EFFECTIVE DATE.**—The amendment made by
8 subsection (a) shall apply with respect to claims submitted
9 for items and services furnished in plan years that begin
10 on or after January 1, 2026.

11 **SEC. 803. PROHIBITING NONCOMPETE AGREEMENTS.**

12 (a) **PROHIBITION.**—

13 (1) **IN GENERAL.**—Except as provided in sub-
14 section (b), no person shall enter into, enforce, or at-
15 tempt to enforce a noncompete agreement with any
16 individual who is employed by, or performs work
17 under contract with, such person with respect to the
18 activities of such person in or affecting commerce.

19 (2) **EFFECT OF AGREEMENTS.**—Except as pro-
20 vided in subsection (b), a noncompete agreement de-
21 scribed in paragraph (1) shall have no force or ef-
22 fect.

23 (b) **EXCEPTIONS.**—

24 (1) **SALE OF GOODWILL OR OWNERSHIP INTER-**
25 **EST.**—

1 (A) IN GENERAL.—A seller of a business
2 entity may enter into an agreement with the
3 buyer to refrain from carrying on a like busi-
4 ness within a specified geographic area de-
5 scribed in subparagraph (C), if the buyer, or
6 any person deriving title to the goodwill of the
7 business entity or an ownership interest in the
8 business entity from the buyer, carries on a like
9 business in such specified geographic area.

10 (B) SENIOR EXECUTIVE OFFICIALS WITH
11 SEVERANCE AGREEMENTS.—

12 (i) IN GENERAL.—Subject to clause
13 (ii), a buyer or seller of a business entity
14 may enter into a noncompete agreement
15 with a senior executive official who has a
16 severance agreement described in clause
17 (iii) that restricts the senior executive offi-
18 cial from performing, within a specified ge-
19 ographic area described in subparagraph
20 (C), any work that is similar to the work
21 that the senior executive official performed
22 for the buyer or seller, if the buyer, or any
23 person deriving title to the goodwill of the
24 business entity or an ownership interest in
25 the business entity from the buyer, carries

1 on a like business in such specified geo-
2 graphic area.

3 (ii) TIME-LIMITED AGREEMENT.—A
4 noncompete agreement described in clause
5 (i) may not restrict the senior executive of-
6 ficial as described in such clause for a pe-
7 riod that is more than one year.

8 (iii) SEVERANCE AGREEMENT.—A
9 severance agreement described in this
10 clause is an agreement between the buyer
11 or seller of a business entity and a senior
12 executive official that—

13 (I) is part of the terms and con-
14 ditions of the sale; and

15 (II) requires monetary compensa-
16 tion for the senior executive official in
17 the event of termination of the em-
18 ployment of the senior executive offi-
19 cial at an amount that is not less than
20 the compensation that the senior exec-
21 utive official is or would be reasonably
22 expected to receive from the buyer
23 during the 1-year period following the
24 sale.

1 (C) SPECIFIED GEOGRAPHIC AREA.—A
2 specified geographic area described in this sub-
3 paragraph is a geographic area—

4 (i) that is specified in an agreement
5 described in subparagraph (A), or a non-
6 compete agreement described in subpara-
7 graph (B), regarding a business entity;
8 and

9 (ii) in which such business entity, in-
10 cluding any division or subsidiary of such
11 business entity, conducted business prior
12 to the agreement or noncompete agree-
13 ment.

14 (2) PARTNERSHIP DISSOLUTION OR DISASSO-
15 CIATION.—

16 (A) IN GENERAL.—Any partner of a part-
17 nership may enter into an agreement with any
18 other member of the partnership that, upon the
19 dissolution of the partnership or dissociation of
20 the partner from such partnership, the partner
21 will refrain from carrying on a like business
22 within a specified geographic area described in
23 subparagraph (B), if any other member of the
24 partnership, or any person deriving title to the
25 partnership or the goodwill of the partnership

1 from any other member of the partnership, car-
2 ries on a like business in such specified geo-
3 graphic area.

4 (B) SPECIFIED GEOGRAPHIC AREA.—A
5 specified geographic area described in this sub-
6 paragraph is a geographic area—

7 (i) that is specified in an agreement
8 described in subparagraph (A); and

9 (ii) in which any business of the part-
10 nership has been transacted prior to the
11 agreement.

12 (c) TRADE SECRETS.—Nothing in this section shall
13 preclude a person from entering into an agreement with
14 an individual who is employed by, or performs work under
15 contract with, such person with respect to the activities
16 of such person in or affecting commerce to not disclose
17 any information (including after the individual is no longer
18 employed or performing work for the person) regarding
19 the person, or the work performed by the individual for
20 the person, that is a trade secret.

21 (d) NOTICE; PUBLIC AWARENESS CAMPAIGN.—

22 (1) NOTICE.—Any person who engages an indi-
23 vidual who is employed by, or performs work under
24 contract with, such person with respect to the activi-
25 ties of such person in or affecting commerce shall

1 post and maintain notice of the provisions of this
2 section—

3 (A) in a conspicuous place on the premises
4 of such person; or

5 (B) in a conspicuous place where notices to
6 employees and applicants for employment are
7 customarily posted physically or electronically
8 by such person.

9 (2) PUBLIC AWARENESS CAMPAIGN.—The Sec-
10 retary of Labor may carry out activities to make the
11 public aware of the provisions of this section.

12 (e) ENFORCEMENT.—

13 (1) FEDERAL TRADE COMMISSION.—

14 (A) UNFAIR OR DECEPTIVE ACTS OR PRAC-
15 TICES.—A violation of subsection (a) or (d)(1)
16 shall be treated as a violation of a rule defining
17 an unfair or deceptive act or practice prescribed
18 under section 18(a)(1)(B) of the Federal Trade
19 Commission Act (15 U.S.C. 57a(a)(1)(B)).

20 (B) POWERS OF COMMISSION.—

21 (i) IN GENERAL.—The Federal Trade
22 Commission shall enforce subsections (a)
23 and (d)(1) in the same manner, by the
24 same means, and with the same jurisdic-
25 tion, powers, and duties as though all ap-

1 applicable terms and provisions of the Fed-
2 eral Trade Commission Act (15 U.S.C. 41
3 et seq.) were incorporated into and made a
4 part of this section.

5 (ii) PRIVILEGES AND IMMUNITIES.—

6 Any person who violates subsection (a) or
7 (d)(1) shall be subject to the penalties and
8 entitled to the privileges and immunities
9 provided in the Federal Trade Commission
10 Act (15 U.S.C. 41 et seq.).

11 (iii) AUTHORITY PRESERVED.—

12 Nothing in this section shall be construed to
13 limit the authority of the Federal Trade
14 Commission under any other provision of
15 law.

16 (2) DEPARTMENT OF LABOR.—

17 (A) IN GENERAL.—The Secretary of
18 Labor—

19 (i) shall investigate as the Secretary
20 determines necessary to determine viola-
21 tions of subsection (a) or (d)(1) by an em-
22 ployer; and

23 (ii) may, subject to subparagraph (B),
24 bring an action in any court of competent
25 jurisdiction to obtain the legal or equitable

1 relief against an employer on behalf of an
2 individual aggrieved by the violation as
3 may be appropriate to effectuate the pur-
4 poses of such sections.

5 (B) STATUTE OF LIMITATIONS.—An action
6 described in subparagraph (A)(ii) may not be
7 commenced later than 4 years after the date on
8 which the violation occurred.

9 (C) REGULATIONS.—Not later than 18
10 months after the date of enactment of this Act,
11 the Secretary of Labor, in consultation with the
12 Chair of the Federal Trade Commission, shall
13 issue regulations as necessary to carry out this
14 section, including with respect to the authority
15 of the Secretary of Labor to enforce violations
16 of subsection (a) or (d)(1) in accordance with
17 subparagraph (A).

18 (3) STANDARDS FOR DUAL ENFORCEMENT.—
19 Not later than 1 year after the date of enactment
20 of this Act, the Federal Trade Commission and the
21 Secretary of Labor shall, for the purposes of enforce-
22 ing this section—

23 (A) develop shared standards for con-
24 sistent enforcement; and

1 (B) identify the scope of responsibility of
2 the Federal Trade Commission and such scope
3 of the Secretary of Labor to ensure complemen-
4 tary enforcement of this section.

5 (4) REPORTING VIOLATIONS.—

6 (A) IN GENERAL.—The Federal Trade
7 Commission and the Secretary of Labor shall
8 each establish a system to receive complaints by
9 individuals regarding alleged violations of sub-
10 section (a).

11 (B) CONFIDENTIALITY.—Except as other-
12 wise required by law, the Federal Trade Com-
13 mission and the Secretary of Labor may not
14 disclose the identity or identifying information
15 of any individual providing a complaint under
16 subparagraph (A), without explicit consent from
17 the individual.

18 (5) PRIVATE RIGHT OF ACTION.—

19 (A) IN GENERAL.—An individual who is
20 aggrieved by a violation of this section may
21 bring a civil action in any appropriate district
22 court of the United States.

23 (B) RELIEF.—In a civil action under sub-
24 paragraph (A), a court may award—

1 (i) any actual damages sustained by
2 the individual as a result of the violation;
3 and

4 (ii) in the case of any successful ac-
5 tion, the costs of the action and reasonable
6 attorney's fees, as determined by the court.

7 (6) ENFORCEMENT BY STATES.—

8 (A) IN GENERAL.—In any case in which
9 the attorney general of a State has reason to
10 believe that an interest of the residents of the
11 State has been or is threatened or adversely af-
12 fected by any person who violates any provision
13 of subsection (a) or (d)(1) or any rule promul-
14 gated under this section to carry out such sec-
15 tion, the attorney general of the State, as
16 *parens patriae*, may bring a civil action on be-
17 half of the residents of the State in an appro-
18 priate State court or an appropriate district
19 court of the United States to—

20 (i) enjoin any further such violation
21 by the person;

22 (ii) compel compliance with subsection
23 (a) or (d)(1) or any such rule;

24 (iii) obtain a permanent, temporary,
25 or preliminary injunction;

1 (iv) obtain damages, restitution, or
2 other compensation on behalf of the resi-
3 dents of the State; or

4 (v) obtain any other appropriate equi-
5 table relief.

6 (B) PRESERVATION OF STATE POWERS.—

7 Nothing in this subsection shall be construed as
8 altering, limiting, or affecting the authority of
9 the attorney general of a State to—

10 (i) bring an action or other regulatory
11 proceeding arising solely under the laws in
12 effect in that State; or

13 (ii) exercise the powers conferred on
14 the attorney general by the laws of the
15 State, including the ability to conduct in-
16 vestigations, administer oaths or affirma-
17 tions, or compel the attendance of wit-
18 nesses or the production of documentary or
19 other evidence.

20 (7) ARBITRATION AND CLASS ACTION.—Not-
21 withstanding any other provision of law, no
22 predispute arbitration agreement or predispute joint-
23 action waiver shall be valid or enforceable with re-
24 spect to any alleged violation of subsection (a) or
25 (d)(1).

1 (f) REPORTS.—Not later than 1 year after the date
2 on which the Secretary of Labor issues any regulations
3 under subsection (e)(2)(C), the Federal Trade Commis-
4 sion and the Secretary of Labor shall each submit to Con-
5 gress a report on any actions taken by the Federal Trade
6 Commission or Secretary, respectively, to enforce the pro-
7 visions of this section.

8 (g) DEFINITIONS.—For purposes of this section:

9 (1) BUSINESS ENTITY.—The term “business
10 entity” means any partnership (including a limited
11 partnership or a limited liability partnership), lim-
12 ited liability company (including a series of a limited
13 liability company formed under the laws of a juris-
14 diction that recognizes such a series), or corporation.

15 (2) BUYER.—The term “buyer”, with respect to
16 a business entity, means any person who buys the
17 goodwill of the business entity, buys or otherwise ac-
18 quires ownership interest in the business entity, or
19 buys a qualified asset or interest with regard to the
20 business entity.

21 (3) CLASS ACTION.—The term “class action”
22 means a lawsuit in which 1 or more parties seek or
23 obtain class treatment pursuant to rule 23 of the
24 Federal Rules of Civil Procedure or a comparable
25 rule or provision of State law.

1 (4) COMMERCE.—The term “commerce” has
2 the meaning given the term in section 3 of the Fair
3 Labor Standards Act of 1938 (29 U.S.C. 203).

4 (5) EMPLOY; EMPLOYEE; EMPLOYER.—The
5 terms “employ”, “employee”, and “employer” have
6 the meanings given such terms in section 3 of such
7 Act (29 U.S.C. 203).

8 (6) NONCOMPETE AGREEMENT.—The term
9 “noncompete agreement” means an agreement, en-
10 tered into after the date of enactment of this Act be-
11 tween a person and an individual performing work
12 for the person, that restricts such individual, after
13 the working relationship between the person and in-
14 dividual terminates, from performing—

15 (A) any work for another person for a
16 specified period of time;

17 (B) any work in a specified geographical
18 area; or

19 (C) any work for another person that is
20 similar to such individual’s work for the person
21 that is a party to such agreement.

22 (7) OWNER OF A BUSINESS ENTITY.—The term
23 “owner of a business entity” means—

1 (A) in the case of a business entity that is
2 a partnership (including a limited partnership
3 or a limited liability partnership), any partner;

4 (B) in the case of a business entity that is
5 a limited liability company (including a series of
6 a limited liability company formed under the
7 laws of a jurisdiction that recognizes such a se-
8 ries), any member of such company; or

9 (C) in the case of a business entity that is
10 a corporation, a capital stockholder of the busi-
11 ness entity who owns not less than 5 percent of
12 the capital stock.

13 (8) OWNERSHIP INTEREST.—The term “owner-
14 ship interest” means—

15 (A) in the case of a business entity that is
16 a partnership (including a limited partnership
17 or a limited liability partnership), a partnership
18 interest;

19 (B) in the case of a business entity that is
20 a limited liability company (including a series of
21 a limited liability company formed under the
22 laws of a jurisdiction that recognizes such a se-
23 ries), a membership interest; or

24 (C) in the case of a business entity that is
25 a corporation, not less than 5 percent of the

1 capital stock of the business entity or, as appli-
2 cable, a subsidiary of the business entity.

3 (9) PERSON.—The term “person” has the
4 meaning given the term in section 3 of the Fair
5 Labor Standards Act of 1938 (29 U.S.C. 203).

6 (10) PREDISPUTE ARBITRATION AGREEMENT.—
7 The term “predispute arbitration agreement” means
8 an agreement to arbitrate a dispute that has not yet
9 arisen at the time of the making of the agreement.

10 (11) PREDISPUTE JOINT-ACTION WAIVER.—The
11 term “predispute joint-action waiver” means an
12 agreement, whether or not part of a predispute arbi-
13 tration agreement, that would prohibit, or waive the
14 right of, one of the parties to the agreement to par-
15 ticipate in a joint, class, or collective action in a ju-
16 dicial, arbitral, administrative, or other forum, con-
17 cerning a dispute that has not yet arisen at the time
18 of the making of the agreement.

19 (12) QUALIFIED ASSET OR INTEREST.—The
20 term “qualified asset or interest”, with respect to a
21 business entity, means an asset or interest that is—

22 (A) all or substantially all of the operating
23 assets and the goodwill of the business entity;

24 (B) all or substantially all of the operating
25 assets of a division, or a subsidiary, of the busi-

1 ness entity and the goodwill of that division or
2 subsidiary; or

3 (C) all of the ownership interest of any
4 subsidiary of the business entity.

5 (13) SALE.—The term “sale”, with respect to a
6 business entity, means the sale of the goodwill of the
7 business entity, the sale or other disposal of all of
8 the ownership interest of a seller in the business en-
9 tity, or the sale of a qualified asset or interest with
10 regard to the business entity.

11 (14) SELLER.—The term “seller”, with respect
12 to a business entity, means any person who sells the
13 goodwill of the business entity, any owner of the
14 business entity selling or otherwise disposing of all
15 of his or her ownership interest in the business enti-
16 ty, or any owner of the business entity that sells a
17 qualified asset or interest with regard to the busi-
18 ness entity.

19 (15) SENIOR EXECUTIVE OFFICIAL.—The term
20 “senior executive official”, with respect to a sale,
21 means an official who was acquired as an employee
22 of the buyer in such sale through the terms and con-
23 ditions of the sale, and, on the day before the date
24 of such sale—

1 (A) who was employed by the seller in such
2 sale;

3 (B) who was responsible for making or di-
4 recting major decisions of the seller; and

5 (C) whose rate of compensation was in the
6 highest 10 percent of the compensation rates
7 for all employees of the seller.

8 (16) TRADE SECRET.—The term “trade secret”
9 has the meaning given the term in section 1839 of
10 title 18, United States Code.

11 **TITLE IX—ENHANCING ACCESS**
12 **TO AFFORDABLE BIOSIMILAR**
13 **BIOLOGICAL PRODUCTS**

14 **SEC. 901. ENHANCING ACCESS TO AFFORDABLE BIO-**
15 **SIMILAR BIOLOGICAL PRODUCTS.**

16 (a) IN GENERAL.—Section 351(k) of the Public
17 Health Service Act (42 U.S.C. 262(k)) is amended—

18 (1) in the subsection heading, by striking “OR
19 INTERCHANGEABLE”;

20 (2) in paragraph (2)—

21 (A) by striking subparagraph (B);

22 (B) by redesignating clauses (ii) and (iii)
23 of subparagraph (A) as subparagraphs (B) and
24 (C), respectively, and adjusting the margins ac-
25 cordingly;

1 (C) in subparagraph (A)—

2 (i) in clause (i), by redesignating sub-
3 clauses (I) through (V) as clauses (i)
4 through (v), respectively, and adjusting the
5 margins accordingly;

6 (ii) in clause (i), as so redesignated by
7 clause (i) of this subparagraph, by redesign-
8 ating items (aa) through (cc) as sub-
9 clauses (I) through (III), respectively, and
10 adjusting the margins accordingly; and

11 (iii) by striking “(A) IN GENERAL”
12 and all that follows through “An applica-
13 tion submitted under this subsection shall
14 include information” and inserting the fol-
15 lowing:

16 “(A) IN GENERAL.—An application sub-
17 mitted under this subsection shall include infor-
18 mation”;

19 (D) in subparagraph (B), as so redesign-
20 ated by subparagraph (C) of this paragraph,
21 by striking “clause (i)(I)” and inserting “sub-
22 paragraph (A)(i)”;

23 (E) in subparagraph (C), as so redesign-
24 ated by subparagraph (C) of this paragraph,
25 by redesignating subclauses (I) through (III) as

1 clauses (i) through (iii), respectively, and by ad-
2 justing the margins accordingly;

3 (3) by amending paragraph (4) to read as fol-
4 lows:

5 “(4) INTERCHANGEABILITY.—A biological prod-
6 uct licensed under this subsection shall be deemed to
7 be interchangeable with the reference product.”;

8 (4) by striking paragraph (6); and

9 (5) in paragraph (8)(D)—

10 (A) in clause (i), by striking “class; and”
11 and inserting “class.”;

12 (B) by striking clause (ii); and

13 (C) by striking “description of—” and all
14 that follows through “criteria that the Sec-
15 retary” and inserting “description of the cri-
16 teria that the Secretary”.

17 (b) CONFORMING AMENDMENTS.—

18 (1) Section 351(i)(3) of the Public Health Serv-
19 ice Act (42 U.S.C. 262(i)(3)) is amended by striking
20 “that is shown to meet the standards described in
21 subsection (k)(4)” and inserting “licensed under
22 subsection (k)”.

23 (2) Section 352A of the Public Health Service
24 Act (42 U.S.C. 263–1) is amended by striking “and

1 interchangeably biosimilar biological products” each
2 place it appears.

3 (3) Section 744G(14) of the Federal Food,
4 Drug, and Cosmetic Act (21 U.S.C. 379j–51(14)) is
5 amended by striking “, including a supplement re-
6 questing that the Secretary determine that the bio-
7 similar biological product meets the standards for
8 interchangeability described in section 351(k)(4) of
9 the Public Health Service Act”.

10 (4) By amending subsection (l) of section 505B
11 of the Federal Food, Drug, and Cosmetic Act (21
12 U.S.C. 355e) to read as follows:

13 “(l) BIOSIMILAR BIOLOGICAL PRODUCTS.—A biologi-
14 cal product for which an application is submitted under
15 section 351(k) of the Public Health Service Act shall be
16 considered to have a new active ingredient for purposes
17 of this section, except that a pediatric assessment shall
18 not be required for a claimed indication in a relevant pedi-
19 atric population if the assessment would involve—

20 “(1) a condition of use that has not been pre-
21 viously approved for the reference product; or

22 “(2) a dosage form, strength, or route of ad-
23 ministration that differs from that of the reference
24 product.”.

1 (c) APPLICATION.—The amendment made by sub-
2 section (a)(4) to strike paragraph (6) of section 351(k)
3 of the Public Health Service Act (42 U.S.C. 262(k)) shall
4 apply only with respect to applications approved under
5 section 351(k) of such Act on or after the date of enact-
6 ment of this Act. Any period of exclusivity granted under
7 section 351(k)(6) of such Act with respect to an applica-
8 tion approved under such section 351(k) before the date
9 of enactment of this Act shall apply in accordance with
10 paragraph (6) of such section 351(k), as in effect on the
11 day before the date of enactment of this Act.

12 **TITLE X—MISCELLANEOUS**
13 **PROVISIONS**

14 **SEC. 1001. MEDICAID IMPROVEMENT FUND.**

15 Section 1941(b)(3)(A) of the Social Security Act (42
16 U.S.C. 1396w–1(b)(3)(A)) is amended by striking
17 “\$7,000,000,000” and inserting “\$0”.